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## ORIGINAL ARTICLES.

### REMARKS AND SUGGESTIONS CONCERNING CERTAIN HOMŒOPATHIC TRITURATIONS.\*

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It will be remembered that, at the close of the last session of this Institute, held at Lake George, I had the honor of presenting a paper discussing to some extent the behavior of *Aurum* under the pestle, as developed by the process of trituration.

This paper, as presented, was simply a narration of a series of microscopic observations on various triturations of *Aurum*. It was accompanied by a series of explanatory drawings, made directly from the microscope and by aid of the camera lucida.

In laying out my work of the past season, I determined to review carefully the ground covered by my original contribution to the Institute, desiring thereby either to confirm my past observations, or, on the contrary, as I have already intimated, to expose any latent errors perchance therein contained. It is always more pleasant to discover one's own blunders than to accept the tender mercies of the critic.

Knowing full well the paramount importance of the proper illumination of an object under the microscope, especially when triturations of *Aurum* are to be examined, I have expended considerable time and study in this direction. I now have to report that the method of using the solar beam in connection with the use of the high-apertured objectives, suitably diaphragmed, as described by me at Lake George, I still find to give me results decidedly superior to all others I have tried—especially as to the recognition of *Gold*.

This matter of the recognition of *Gold* during examinations of its triturations is of the utmost and vital importance. It will be remembered that, at the last session, I pointed out the fatal errors likely to occur from the use of reflected light; nevertheless it is to be noticed that during the past year one observer, at least, engaged in the study of *Gold* triturations, used this same reflected light constantly, to almost the exclusion of all other methods of illumination.

I have also reviewed that portion of my past work which was accompanied by the series of drawings executed by aid of camera lucida and microscope under amplifications of 1,500 diameters; my object being, first, to ascertain whether certain infinitesimally small particles, which, under amplifications of 1,500 diameters, were too dimly seen to be recognized

as *Gold*; in which case, to also measure the same as accurately as possible.

In this work the chief instrumentation consisted of:

*First*.—A superb duplex immersion, one-tenth, by Tolles; balsam aperture of one hundred degrees. This objective displays all the known tests, including the FASOLDT 180,000th band of lines.

*Second*.—A special micrometer stage-plate, ruled especially for me by Prof. Wm. A. Rogers, of Cambridge, Mass. This plate contains the standard American inch, and also the French centimetre. A horizontal line traverses this plate from right to left; above this the standard inch lines are ruled, while below are the lines of the centimetre; both sets of lines contact the horizontal one. Hence it occurs that the two sets of lines, at the point of contact with the horizontal, are seldom coincident, the one series forming "laps" with the other. Now, by measuring these "laps," under the objective, and comparing the said measurements with their tabular values, we have the means of cross questioning the accuracy of the rulings in the severest manner possible. The plate in question, under this close scrutiny, will always give me values true to three places, and often four places, of decimals. This plate is a marvel of mechanical skill.

*Third*.—A Donald cobweb micrometer, fitted with  $\frac{1}{4}$ -inch ocular, the value of the wheel divisions being determined by aid of the Rogers stage-plate above mentioned.

*Fourth*.—Tolles' achromatic amplifier. This instrument doubles the power of the objective and eye piece, without disturbing the corrections of the objective.

*Fifth*.—Tolles' patent  $\frac{1}{4}$  and  $\frac{1}{2}$  solid oculars.

*Sixth*.—The new "Acme" stand, the joint production of Mr. John Sidle and myself. This stand combines all the latest improvements.

For the close work contemplated the camera lucida was not adapted, and was not used.

It will be remembered that my paper read at Lake George contained an account of Mr. Witte's new triturations of *Aurum* from the precipitate by *Phosphorus* in *Ether*. These, being so far superior to all others I have met with in point of fineness of the *Gold* particles therein contained, were selected for the work in hand. Of these, the second, third, and sixth decimal received my especial attention. Further on I shall have occasion to again refer to these superior triturations.

The method of mounting the triturations was the same as that described last year, and the superiority of the method further demonstrated—as it seems to me—beyond a reasonable doubt.

I now proceed to give briefly the results of my observations over the new triturations of Mr. Witte above mentioned.

These I have examined time after time, using the transmitted solar beam in conjunction with the diaphragmed objective, the greater portion of my time

\* Abstract of a paper read before the American Institute of Homœopathy, June, 1880.

and attention being devoted to the third and sixth decimal triturations.

With the objective in perfect adjustment, and by the most delicate manipulations of the illumination, I have discovered, under amplifications of 2,000 diameters and upward, certain exceedingly small particles which exhibit the characteristic behavior of *Gold*. These minute particles were afterward fully measured with the cobweb micrometer, and found to vary between 1-95,000th to 1-115,000th of an inch. The most diligent search, coupled with the most delicate manipulations, failed to display any smaller particles than the above named, having the slightest appearance of metallic *Gold*.

I desire to call your attention to a fact to which many of those before me can attest, viz: at the last session of this institute, at Lake George, the writer placed on record his utter disbelief as to the capacity of the microscope to determine the ultimate divisibility of matter. The question with the author from the outset has been: How far, to what extent, is the microscope of service in enabling us to study the behavior of drugs under the pestle during the processes of trituration?

Leaving, then, the item of ultimate divisibility out of consideration, the question arises—what has the microscope taught concerning our triturations? Or, referring to my own investigations, what has the author learned from the microscope concerning triturations of *Aurum*, during the past two years, which were not previously known and accepted?

To this interrogatory I respond as follows:

*First*.—A certain so called trituration, labeled and sold for *Aurum 3x*, contained no *Gold* at all.

*Second*.—Mr. Witte's trituration of *Aurum foliatum* has been demonstrated to be almost equal in fineness of particles to the average triturations from the precipitate.

*Third*.—Four-hour decimal triturations are not very far superior to two-hour triturations.

*Fourth*.—Triturations of *Aurum met.* up to the 6x, from various makers, vary considerably, no two being identical in fineness of the contained particles.

*Fifth*.—The popular idea that particles of *Gold* are ten times smaller in the second decimal trituration than in the first decimal is very far from being correct. Nor are particles of *Gold* in the 3x ten times smaller than in the second decimal trituration. These are plain facts and are easy of demonstration.

*Sixth*.—In all the triturations of *Gold*, from the first to the sixth decimal, examined by me, fully 33 per cent. of the metal escapes subdivision under the pestle, i. e., does not become subdivided to anything like the extent formerly accepted.

*Seventh*.—It is quite possible, with careful manipulations, to display particles of metallic *Gold* under the microscope, which, in point of minuteness, challenge our most difficult test objects.

Among the most difficult test objects known in modern microscopy, may be quoted the finest bands ruled by Prof. Rogers, of Cambridge, Mass., and Mr. Chas. Faslolt, of Albany, N. Y. Either of these equal 180,000 lines to the inch. To display these delicate rulings, the utmost delicacy of manipulation, coupled with the employment of modern objectives possessing exquisite definition, is imperatively demanded. Furthermore, it may be asserted that few, even of the modern opticians, furnish object glasses equal to the task.

The finest object glasses capable of receiving the delicate tests above named are, and for the past eight years have been, made in the United States. The work of the veteran, Mr. Chas. A. Spencer, of Geneva, N. Y., and that of Mr. R. B. Tolles, of Boston, Mass., is well known and appreciated both at home and abroad. The late glasses of Ziess, of Germany and Denmark, are quite equal, in point of definition, to those of Spencer or of Tolles.

Exceedingly fine object glasses have lately been produced by the Messrs. Bausch & Lomb, of Rochester, N. Y., and also by Messrs. Powell & Lealand, of London, England.

In giving as above the names of the several opticians whose objectives alone exhibit that exquisite definition rendering them fit successfully to attack the most difficult problems, in the line of test objects, known in microscopy—i. e., the resolution of the Rogers and the Faslolt 180,000th bands—the seeming digression may be pardonable, when it is taken into consideration that observers using object glasses known to be of inferior quality sometimes claim results which would at sight be rejected by microscope experts. One author, during the past year, claims to have seen particles of *Gold* measuring but 1-5000th of the m. m.—equal to 1,127,000th of the English inch—and this, too, with reflected sunlight. Comment is here unnecessary.

Returning to the enumeration of the results possible accomplished by my own observations, I have now to call your attention to a most interesting, and, it seems to me, important matter which has been brought to light, and to a certain extent developed, during my studies of the *Gold* triturations.

Referring back to my original paper, read at Lake George, many of those present will recollect that I exhibited a specimen of a new trituration of *Aurum metallicum*, prepared by Mr. L. H. Witte, pharmacist, of this city, to whom I am under great obligations for his valuable assistance from the commencement of my observations to the present date.

At our last session I was content with simply inviting your attention to the new preparations. You were shown that the first decimal trituration was very much darker, even approximating to the color of slate; as also the third decimal trituration was even darker in color than the usual first trituration. Accompanying the statement that these new triturations of Mr. Witte were prepared from *Gold* thrown out of solution of the chloride by the addition of *Ether* and *Phosphorus*, I also asserted that the particles of *Gold* thus thrown out of solution average smaller than those found in the usual first, second, and third decimal triturations.

On my return home, Mr. Witte, at my request, has carried his new triturations up to the fourteenth decimal.

While engaged in the study of these last triturations I had occasion to dissolve a small quantity in a little distilled water, and was astonished to find that the liquid instantly assumed a clear and almost transparent purple color; adding a little alcohol, by way of preservative, the purple fluid remained constant and unchanged for weeks, and even months.

Now, if to a solution of the chloride of *Gold* we add, as did Mr. Witte, a solution of *Ether* in *Phosphorus*, we shall obtain this same purple solution, which, when examined under the microscope, will be found to consist principally of metallic *Gold*, and in a state of very fine subdivision.

Having determined this fact, it became desirable to recover this *Gold* intact, and by some method to render the process practicable to the homoeopathic pharmacist.

To secure this desideratum, Mr. Witte and myself devoted much time and attention, and to Mr. Witte belongs the honor of having discovered a process at once practicable as well as simple, and meeting the requirements of the pharmacist. This formula will be given in detail before concluding this paper.

If, after recovery, the *Gold* be submitted to the process of trituration and subsequently dissolved in water, we have, as before stated, the original purple liquid again, that resulting from the trituration being obviously purer than that occurring from the addition of *Ether* in *Phosphorus* to the solution of the chloride.

If, after having dissolved a little of the trituration in

water—adding *Alcohol*, as before stated, and allowing the purple fluid to remain quiet, say for ten days—a slight sediment will be noticed at the bottom of the vessel; by decanting now the supernatant purple liquid into a clean bottle, no further sediment seems to form, at least for weeks; here we have the purple fluid in its purest form.

As to the nature of the sediment referred to, I opine that it consists principally of the impurities contained in the sugar of milk, and perhaps of a small proportion of the larger particles of metallic *Gold*. In this direction there is still room for further study.

Note: If we attempt to dissolve too much of the trituration, we may obviously expect a sediment.

The clear purple fluid, after a greater or lesser period—say, from two months' to four months' time—will finally settle to the bottom, leaving the liquid above as clear as water. If, however, we shake the bottle slightly, this precipitate disappears and the purple fluid again makes its appearance.

Any attempt to examine the *Gold* contained in the purple fluid in the wet state will fail. This is true of the usual test objects used by advanced microscopists. By evaporating, however, a few drops on a glass slide, the slide becomes gilded, having the appearance of watered silk described in my former paper.

These new triturations present peculiar claims for your consideration:

*First*.—Their very much darker color. This to the professional pharmacist will be a matter of interest and likely to excite his attention, knowing full well that the finer the comminution of particles the darker will be the resulting color of the trituration.

*Second*.—No previous trituration of *Gold* will give the purple fluid when dissolved in water.

*Third*.—The lower triturations—say the first and second—are easily demonstrated, by the microscope, to be far superior to previous triturations, and be it known that on the integrity of the low triturations rests that of all the higher ones.

I now proceed to dissolve samples of these new triturations in water, and will pass them around for your personal inspection. [Specimens prepared and passed to members.] With these you will also receive a small sample of the first decimal trituration dry, for your further examination at your leisure. [Specimens of the triturations here given to members present.]

The fifth decimal trituration dissolved in water will communicate to the latter a perceptible purple tinge. Experienced eyes accustomed to judge of colors might detect the color in the higher triturations.

The question now naturally arises: Does this purple fluid contain *Gold* in suspension, or *Gold* in true solution?

As proof that this *Gold* is truly in a state of suspension the following experiment may be cited:

Resin dissolved in pure *Alcohol* gives a perfectly clear and transparent liquid, which cannot be distinguished by the eye from *Alcohol* without the resin; to this solution add water very carefully until the resin shall be very slightly thrown out of solution. If the experiment be conducted properly, the resinous particles, in a finely divided state, will remain suspended in the liquid permanently, while the latter will exhibit a trace of color. We know now, from divers reasons, that the resin is not in a state of solution.

Again: it is a well known fact that certain solutions of *Silver* are liable to turn red, owing to the reduction of the metal in a finely comminuted state. The reduced *Silver*, being held in suspension, cannot be removed by filtering. If, however, to the liquid be added a suitable quantity of *Kaolin*, and the whole well shaken and immediately filtered, the reduced *Silver* will be separated, the *Silver* remaining on the filter; and in this manner may it be recovered.

Now, as may be hereafter seen, this shaking with *Kaolin* and subsequently filtering is a process practi-

cally identical with that adopted by Mr. Witte for the recovery of his *Gold*.

I may here remark, *en passant*, that the superiority of *Gold*, in point of fineness, precipitated from solutions of the chloride by *Phosphorus* and *Ether* was clearly demonstrated by microscope examinations; and hence the importance of recovering this *Gold* for the purpose of subsequent triturations.

Furthermore, from the minute particles thus thrown out of solution by the action of *Ether* and *Phosphorus*, together with the presence of the purple color, may it not be urged that the metal is simply held in the vehicle in a state of true suspension?

In support of this position many natural phenomena may be cited; *e. g.*, the prevailing blue of the heavens, the green of the ocean wave—both owe their color to myriads of infinitesimal particles held in true suspension. The gorgeous tints seen on the feathers of the peacock depend on the close striation of particles. This latter fact is easy of demonstration under the microscope by separating the particles under a low power, whereupon the beautiful colors vanish, being replaced by a dingy brown.

Again: The fine bands of the microscopist's test plates all show a characteristic color when examined by reflected light.

Nor are the results of my microscope examinations of these new triturations such as would strengthen the hypothesis of the *Gold* being in a state of true solution, for, in every instance, the mass of *Gold* seen was not in particles smaller than 1-60,000th of an inch. The very finest particles alone were those measuring from 1-85,000th to 1-115,000th of the inch.

Finally, as I have already stated, if we allow the purple fluid sufficient time, the *Gold* will eventually settle to the bottom of the vessel, leaving the supernatant liquid entirely devoid of color.

During the past few months samples of the new triturations have been sent to friends prominent in our profession for examination and study; the formula for their preparation has, however, been withheld, for the purpose of presenting it to the Institute during its present session.

Nearly all of those to whom the triturations have been forwarded seem to regard the *Gold* as in a state of solution. A letter received by me, bearing date of June 2, from a gentleman favorably known to all before me, contains the following paragraph:

"One thing, however, strikes me about this preparation, and that is that it can hardly be said to be in suspension, but that it is truly in suspension solution. According to chemical authority (Silliman), 'solution the result of a feeble affinity, but one in which the properties of the dissolved body are unaltered.' And, according to Henry, 'solution is a state of diffusion of the particles of a solid throughout a liquid, without destroying its transparency.' As your new preparation of *Gold* comes fully under the condition just quoted, it will be considered as soluble, and not merely suspended. That, of course, will not change the value of the discovery."

Other letters received during the past three months from intelligent and valued correspondents are similar in tenor to that last just quoted.

Be the facts what they may, there will be plenty of time in the future to arrive at a verdict, and after further deliberation and study. For the present I am content thus to leave the question open.

Of the superiority of these beautiful triturations there can be no manner of doubt; furthermore, this marked improvement appeals with force to those using high as well as low potencies.

Is it probable that all the remaining triturations have reached the acme of perfection, and may there not be room for their further study and improvement?

In conclusion, I desire to place on record my obligations to Mr. Witte for the valuable assistance he has



rendered me during the entire progress of my investigations, and I feel assured that when his new triturations shall become better known, that the profession will not be backward in their appreciation of his valuable discovery, which he gladly presents, through this Institute, to the profession at large.

His formula is as follows, which I give in nearly his own words:

Sixteen grains of *Gold* were dissolved in *Nitro-muriatic acid*; to this solution sixteen pints of distilled water were added.

Six grains of *Phosphorus* were dissolved in twelve fluid ounces of *Ether*. The two solutions were mixed together.

The action of the *Phosphorus* upon the chloride causes its reduction, there resulting phosphorous compounds and metallic *Gold*, the *Gold* in particles so fine as to remain in suspension and to pass through the filter paper with facility.

To separate the *Gold*, a solution of *Albuminum chloride* was first added, then *Aqua-ammonia* in excess. The action of the *Ammonia* caused the formation of *Albuminum hydrate*, which, when filtered out, retained the particles of *Gold*. The bulk of the *Albuminum hydrate* upon the filter was about one cubic inch.

The *Albuminum hydrate* was now dissolved out with *Muriatic acid*, the solution passing through the filter and leaving the *Gold*, which was then thoroughly washed with *Alcohol* to dissolve out any *Phosphorus*, and then with distilled water, until nothing but the pure *Gold*, in fine particles, was left upon the filter.

The *Gold* thus remaining was subsequently submitted to the usual process of trituration.

## ACUTE PERITONITIS IN ITS RELATION TO THE DIAGNOSIS AND SURGICAL TREATMENT OF DISEASES OF THE ABDOMINAL VISCERA.

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### PART I.

In the surgery of the abdomen no one condition occupies so prominent a position in its relation to all operative measures as the inflammatory process attacking the peritoneum. It is not merely the intrinsic danger of peritonitis itself that commands attention; its most important feature, from a clinical point of view, lies in its action as a complication. In considering its relation to the diagnosis and surgical treatment of diseases of the abdominal viscera, we have an opportunity for a clinical survey extending over a wider field than could easily be found in the more methodical study of the special diseases which will follow, and this will explain why the more systematic arrangement has been abandoned in order to preserve the clinical aspect of our topic.

1. Acute peritonitis is a strongly marked disease. The symptoms are all of a high grade, attracting attention at once by their severity and definite character. Considered alone, it would seem impossible to mistake a condition so sharply outlined in all its clinical features, and yet, in actual practice, no disease has been so fruitful in fatal mistakes in diagnosis and treatment.

In a large majority of cases the mistake has been committed not by a failure to recognise acute peritonitis, but from not appreciating the fact that acute peritonitis is rarely, if ever, an idiopathic disease. There is, in most cases, an antecedent trouble, a primary affection, whose symptoms are hidden, perhaps, by the more prominent features of the peritoneal inflammation, and the importance of peritonitis as a complication may be appreciated when we consider

the fact that in most of these fatal cases it is the primary trouble that kills the patient. From a pathological standpoint this is not strictly true, but considering the cases from a clinical point of view, and particularly with reference to surgical treatment, it is safe to assume that a large majority of fatal cases of peritonitis originate in a local disease of some of the abdominal viscera, and in many of these cases, if the primary disease had been promptly recognized and received its appropriate treatment, the fatal result might have been averted.

These errors in diagnosis arise from causes which are manifest. In the first place, a *localized peritonitis* has a tendency to become rapidly diffuse and to hide the original trouble behind the extreme tenderness, the tympanitic distension, and the general violence of its symptoms.

It is an easy matter to diagnose an uncomplicated disease where any single organ is affected. So, in thoracic affections where it is common to find uncomplicated diseases, we can, by auscultation and percussion, and by the general symptoms of the patient, locate the disease with positive certainty, trace its extent and mark its progress with nearly as much precision as though it were a demonstration in mathematics. But in the abdominal cavity, unless the primary trouble is known before peritonitis occurs, it may become totally obscured by a diffuse peritoneal inflammation, so as to be beyond our power of detection. There are some diseases in which this obscuration is peculiarly apt to occur, and their relative frequency may be understood by consulting the following table,\* which shows not only the large proportion of cases due to simple extension of the disease from the viscera to the serous membrane, but the forms of disease by which peritonitis is induced; 261 instances from 501 are thus referable to direct extension:

From hernia, of which 19 were cases of internal obstruction	109
injuries or operations	35
" perforations of the stomach, ilium, cæcum, appendix, etc.	43
" perforation leading to fecal abscess	17
" typhoid ulceration without perforation	5
" disease or operations upon the bladder or pelvic viscera	42
" disease of liver, gall bladder, etc.	11
" acute disease of the colon	3
" diseases of the cæcum or appendix	3

261

As an instance of the tendency of acute peritonitis to obscure the primary trouble, the following case is a fair illustration:

CASE 1. *Perityphlitic Abscess—Operation—Recovery.*—Mrs. M., 30 years old, was just recovering from diphtheria, and suffering from extreme mental and physical depression. Symptoms of malarial fever developed, and in about two weeks time the general aspect of the case assumed a typhoid character. There was tenderness in the right iliac region, constipation, a heavily coated tongue, dusky, flushed face, dull, apathetic look, drowsiness, with a pulse of 100, and temperature of 104. The tenderness increased, spread over the abdomen, and was associated with occasional attacks of colic. A cathartic acted well upon the bowels, and removed the tenderness in some degree, but the tympanitic distension remained so that it was difficult to detect any local trouble. The condition of the patient growing worse, at the instance of her family physician, Dr. J. G. Baldwin, I examined the case. The patient was fat, the abdomen tympanitic, and the tenderness extreme; but by careful manipulation, a deep-seated tumor could be outlined in the right iliac fossa, distinctly circumscribed, and non-fluctuating. It was diagnosed as a perityphlitic abscess, and an operation advised. The advice was taken and the operation performed by using an aspirating needle as a guide to show the depth of the pus, which in this instance was two and a half inches

\* *Habershon. Diseases of the abdomen*, 3rd edition, p. 640.



below the surface, and following the guide with a bistoury, opening the abscess freely, and giving exit to about a pint of fetid pus. The recovery was slow, but perfect. The difficulty in this case was not entirely due to the presence of peritonitis, but was chiefly owing to the fact that the development of the abscess was insidious, without the rapid onset and marked characteristics that usually attend such cases, and this variation in the ordinary method of attack was no doubt produced by the debilitated condition in which the prior illness had left the patient.

Another case shows how easily one may be misled, even when the solution of the difficulty seems to be an easy matter.

**CASE 2. Peritonitis from internal strangulation.—Recovery.**—J. B., a colored waiter, aged 27, had carried an inguinal hernia of the right side for many years. Once or twice it had given rise to symptoms of strangulation, which had promptly subsided upon the reduction of the hernia by taxis. Latterly he had discarded his truss, and had suffered no serious inconvenience, although the protrusion had increased in size. One day the old symptoms of strangulation appeared, and failing to reduce the hernia himself, he went from New York to his family physician in Albany, who endeavored to replace the hernia, as on former occasions, but found it impossible. An operation was advised, but the patient became alarmed, refused the operation, and came back to New York. All this time there were symptoms of acute strangulation—vomiting, constipation, abdominal distension, and tenderness, and it is remarkable that in such a condition he was able to travel. Four days afterward I was called to see him, and found him vomiting incessantly, and in enormous quantity, the ejected fluid being stercoraceous in color and odor. The abdomen was distended to its utmost limits, tight and resonant as a drum. There was tenderness, fever, intense thirst, and all the symptoms of an acute and diffuse peritonitis.

The case seemed to be clearly one of strangulated inguinal hernia, the history of the case and the presence of the hernia being sufficient evidence of the cause of the trouble. Herniotomy was advised and at once performed. Cutting down upon the sac, I found the hernia irreducible, and opening the sac I found no strangulation whatever. Enlarging the wound, and drawing down some 18 or 20 inches of the intestine, I found nothing but the evidence of peritonitis. Introducing my hand through the wound, I endeavored to discover the location of the obstruction, but failed to detect it. On closing the wound I was confident that a post mortem would reveal an obstruction of the small intestine. But the man recovered. The symptoms continued without material change, for about two weeks longer. Then came sudden relief of the obstruction, copious evacuations, and final recovery. In such a case it would seem as though a mistake was inevitable, unless the patient could have been examined at an earlier date before the peritonitis had obscured the primary trouble.

II. Continuing the clinical examination of peritonitis, in its relation to the diagnosis of associated diseases, we find that while it may obscure primary diseases, as already described, it affords another opportunity for mistakes from an entirely different cause, and one of peculiar interest in surgical practice, viz.: *Dangerous and fatal conditions due to the effects of peritonitis may be concealed by the presence of other and less dangerous diseases.* This comes from the well-known clinical fact that similar symptoms may arise from different pathological conditions. The following case, unique of its kind impresses this lesson very forcibly:

**CASE 3. Ovariectomy.—Death from strangulation of the intestines by pelvic adhesions that were inoperative as long as the tumor remained in situ.**—In April, 1878,

I removed an ovarian tumor from Miss B., aged 45. It had been growing for nearly two years. Her previous clinical history was one of constipated habits, with occasional attacks of what she termed "bilious colic." The colicky turns, however, had diminished in force and frequency from the time the ovarian tumor appeared. There was also a history of slight attacks of localized peritonitis in the right iliac region. At the time of the operation her condition was excellent, but there was one marked peculiarity that I had noticed, and from which I apprehended some difficulty during the operation, namely: the existence of distinct crepitation over the right iliac region. This crepitation could be heard whenever the patient took a deep inspiration, and was palpable to the hand when placed over the part. I inferred extensive and dense adhesions chiefly parietal, anticipated considerable difficulty in removing the tumor, and stated my apprehensions to Drs. Helmuth, Butler, Beebe, and others, who were present, and kindly assisted in the operation.

There proved to be no difficulty whatever in the operation; not an adhesion appeared, and the tumor was removed without delay or accident. It was an oligocyst, colloid mainly, of about 15 lbs. weight. The operation had been performed with such facility that there seemed to be no necessity for any manipulation of the parts. A little superficial sponging and the insertion of a drainage tube was the extent to which I considered it wise to disturb the contents of the abdomen before closing my incision.

She died on the eighth day, not from peritonitis, nor septicæmia, but from what appeared to be an intestinal obstruction. The symptoms appeared very soon after the operation, and were so suggestive that I explored the wound to see if any loop of the intestine could have been compressed between the stitches. The behavior of the drainage tube excited my curiosity, for a few hours after the operation I found that its internal extremity, inserted behind the uterus, had traveled over toward the right side. There was but slight fever or tympanitis until the last day, but in every other particular there seemed to be no characteristic feature that was wanting. Death came apparently from exhaustion. At the post mortem examination it was found that the broad ligament on the right side was transformed into a dense fibrous band half an inch thick, and its pelvic attachment was spread out in a mass of adhesions which inclosed part of the small intestine in their grasp, and the constriction thus produced had rendered the intestinal canal impervious. The uterus was drawn over to the right side by the contraction of this elastic band of which the broad ligament was composed, and this explained the curious migration of the drainage tube. The most peculiar feature of this condition is now to be noted. The ovarian tumor was also on the right side, and during its growth it had pushed the uterus over toward the left side, as far, at least, as the median line. The effect of this was to stretch the adhesions. Now, upon taking hold of the uterus, and making such traction as to bring it into the same relative position it had occupied when the tumor was present, it was found that the tension upon the adhesions constricting the small intestine was so directed as to relieve the stenosis, in a measure, and render the intestinal canal pervious to fluids to such an extent as to preserve their functional activity. On letting go of the uterus, the constriction became complete again, and the intestinal canal was impervious. Here, then, was a remarkable case, in which so long as the ovarian tumor remained *in situ* the intestine was pervious, and the life of the patient depended on the tension produced by the tumor. In removing the tumor, I took away the only chance for life, for as soon as the uterus was released from its position, the tension was relieved, and the adhesions, contracting

upon the small intestines, produced immediate strangulation.

One cannot see many cases of fatal intestinal obstruction without appreciating the importance of peritonitis as a remote cause of the trouble in forming adhesions and bands which, at a later date may become the active agents in producing strangulation. Such cases are apt to mislead us by presenting an appearance of functional disorder. Generally it comes as a case of habitual constipation, with occasional turns of bilious colic, where, in reality, there is a mechanical constriction of the intestine that some day suddenly passes the bounds of functional tolerance, and becomes a fatal case of obstruction.

III. The method of exploring the abdomen in cases where acute peritonitis exists as a complication is a very important matter. In this connection, it is to be remembered that the tendency of modern pathological research is to deny the existence of idiopathic peritonitis, and consider every case as dependent on some primary disease. Without discussing the question, it is far safer to assume that this theory is correct, and to direct our examination toward the discovery of the primary cause of the peritonitis than to be content with the mere knowledge that peritonitis is present.

By referring to the table already given, it will be seen that the intestine, in some portion of its extent, contributes by far the most important list of primary causes for peritonitis. It will be seen that all of the 261 cases came from direct extension of the inflammation to the peritoneum. The balance of the 501 cases shows 240 which originated in the following manner:\*

From Bright's disease .....	63
" pyemia (18), erysipelas (5), puerperal fever (10),	
pneumonia (8) .....	31
" tubercular disease .....	70
" cancerous disease .....	40
" hepatic disease .....	27
" heart disease .....	9
	240

We find, then, that clinically we may divide peritonitis into two great classes. In the first it occurs by direct extension; in the second it is connected with a changed condition of the blood, and is associated with, and partakes of, the nature of diseases that are mainly chronic in type and insidious in their development. The question will naturally arise, before exploring the abdomen, to which of these divisions does the case belong?

### CHLOROFORM AS AN ANESTHETIC.

By PROF. C. H. VON TAGEN, M.D., CHICAGO, ILL.

Our attention was attracted by a brief article in a recent number of the *Medical Record*, under the caption of *Chloroform Deaths*, reciting two fatal cases attributed to its use. It is to be found in Vol. 17, No. 7, Feb. 14, 1880, page 191. We have not kept any precise account of the number of deaths from its use that have passed under our observation, in print; but it has come within our experience, during the past twenty-five years, in both military and civil practice, to be summoned, on seven occasions, to the aid of our professional brethren, in restoring cases that were threatened with death from what we term its *injudicious* use. Five of them proved fatal; the remaining two were restored through the efforts we brought to bear. Post mortem examinations were permitted and made upon three of the five fatal cases, but were disallowed by the friends of the others.

The results obtained in the last case were, extreme

atrophy of the heart, with fatty degeneration, accompanied with atheroma of the large and most prominent arteries, hepatization of the lower third and upper lobe of the right lung, with extensive adhesions in both these localities. Both lungs were much enlarged with venous blood, and almost completely collapsed. The spleen was much enlarged, and likewise congested with venous blood. There were other pathological changes found, hardly worthy of mention here, as they had no special bearing on the death of the patient. But we will here take occasion to remark that the walls of the entire heart were so atrophied that when held up and examined with the unaided eye, the light could be seen transmitted through them. The valves were exceedingly relaxed and atrophied, and the organ was almost empty of blood, likewise unusually small in its proportions. The patient was a woman forty-seven years of age, had borne nine children, and had evidently been an invalid for many years; was of a spare habit, and nervous temperament, and no doubt (in our mind) she died from complete inertia of the heart and lungs. The contemplated operation for which the *Chloroform* was given, was a simple one—merely the removal of a piece of broken needle, which was lodged in the side of the thigh. This case might have been justly termed a hopeless one, and she was liable to die at any moment.

Case No. 2 was a male subject, forty-three years of age, dark complexioned, of sanguine bilious temperament, full habit, large brain. The patient was chloroformed to undergo an operation for strangulated inguinal hernia (oblique). Found the patient had ceased breathing on our arrival at the scene; all the usual efforts to resuscitate were resorted to, but failed. The patient's face and neck presented a suffused and livid appearance; pupils were widely dilated, eye balls were full and protruding, froth was escaping from the mouth, and the tongue swollen and partially extended. We were informed the patient had convulsions, and struggled violently with his attendants while undergoing administration of the anesthetic, and that his breathing was heavy and labored. The inference we drew from the symptoms given was that the patient died from some cerebral affection. Examination of the brain was accordingly first made, revealing the following conditions, viz.: the arachnoid and pia mater membranes were intensely congested, mostly with venous blood, and were adherent with fibro-plastic material one to the other—the lower surface of the former to the upper surface of the latter—and the under surface of the pia mater was attached by numberless delicate, strong, and opaque bands over the entire surface of the right and left lobes of the brain, especially on the right side. So dense were these adhesions that any attempts to tear them loose brought small fragments of the brain tissue clinging to them. Observing greater care and with the use of the dissecting knife, the entire right lobe of the brain was brought into full view, when it was noticed that the usual conformation and firmness of the brain substance was lost, i. e., in a state of deliquescence. A free incision into the center of this mass revealed a large and recent red coagula of blood, which was found occupying the right ventricle of the brain in quantity sufficient to fill a large saucer. Further investigation proved that this hemorrhage was from the right anterior cerebral artery, which had evidently burst by over-distension from the force and violence of the congestion. This was evidently superinduced by pre-existing pathological changes termed "*Ramollissement*," commonly known as softening of the brain. The heart and lungs were likewise examined, but nothing worthy of note was found, except venous congestion of both of the latter, and a large venous ante mortem clot in the right ventricle of the former. Further comment is unnecessary in this case, as the cause of death was self-evident.

\* Habershon, loc. cit.

*Case No. 3.*—A married lady, aged twenty-seven, dark complexion, leuco-phlegmatic sanguine temperament, rather full habit, had borne two children, and was the victim of a large inflamed scirrhus cancer of the left breast. *Sulphuric Ether* was first used until partial anesthesia was induced, followed with *Chloroform* until complete. As in the other cases, this patient was found in *articulo mortis* upon our arrival at the scene. Post mortem examination revealed both lungs in a state of extreme venous congestion; also a considerable quantity of dark coagulated blood was found in the left cavity of the chest. At the lower portion of the upper lobe of the left lung, near the outer side of the pericardium, was found a large *infarctus pulmonalis* of a scirrhus hardness, about the size of a hen's egg; its outer wall having formed some adhesions to a corresponding point to the pleura costalis, where it had lain in contact with the inner surface of the chest. This morbid formation had evidently broken, emptying its contents within the cavity of the left chest, and had mingled with the blood-clots. A further examination of the wall of this formation (which dipped down deep into the substance of the lung, revealed a torn blood-vessel of considerable size, from which the internal hemorrhage had occurred. Several minor deposits of a similar character were found interspersed throughout the substance of both lungs. The deep cervical and axillary glands were all involved in the cancerous degeneration that seemed to pervade the patient's entire system. There was likewise a tendency to fatty degeneration of the heart.

It may be readily noted, by the most casual observer, that cases of this kind cannot be justly cited as an argument against the use of *Chloroform*, and yet, no doubt, they are often reported and quoted as such.

Still, on the other hand, it is obvious, in all such cases herein cited, that no anesthetic is safe as an inhalant. It is our belief, based upon careful observation and a long experience, and after having supervised and administered both *Ether* and *Chloroform* in upward of 1,800 cases, without a single death from their use, that there must be some other fault than that of the agents themselves, provided a pure article is used and the proper precautions are taken by the attending physician or surgeon. It is painful to notice (as the writer has often done as a bystander, in public institutions, college clinics, charities, etc., the careless, in fact reckless, manner in which both these agents have been administered. "Crowd the *Chloroform*," is the phrase often used by the operating surgeon to his too willing assistant (who apes his master), at the present day. Many and varied are the contrivances that are in use now for the application of anesthetics, a large majority of which are not only formidable and useless, but well calculated to produce suffocation, complete asphyxia, and death, especially when entrusted to the hands of a novice, as is too often done. It is hardly needful to enter here into details, or to mention the various precautions necessary for the operator to observe. And yet how often it is the case that some important item is overlooked; and many are the hundreds of medical graduates, and practicing physicians even, who go forth to their various fields of professional labor unfamiliar with, and unprepared to properly administer, anesthetics. For the benefit of such we will hereto annex the necessary precautions for them to use.

1st. The age and general condition of health, and likewise the antecedents, of the patient should be well and carefully inquired into. The heart, lungs, brain, throat, kidneys, spleen, stomach, uterine organs (in the female), abdominal contents, spine, etc., should all be well looked over and inquired into. The patient should be as composed as possible, and the body garments well loose,—no constriction at any point. The patient should take no food for at least four or five hours prior to the administration of the anesthetic.

The patient should be placed in a prone position as nearly horizontal as possible, with only a single pillow under the head. The foot of the table or bed upon which the patient is laid, extended upon the back, should be raised about two inches; the patient kept covered moderately warm. The air of the room should be pure and of such a temperature that the patient would not chill, if circumstances required the exposure of any amount of the body.

2d. The *cormimentaria*, or outfit, should consist of a suitable mask of a capacity to cover in only the nose and the mouth, leaving the eyes and other portions of the face entirely free, lightly constructed and so fitted as to allow of a plentiful supply of fresh air all around and below its circumference; and this is a very important feature to provide for. Most inhalers, prepared for the purpose, are made to fit close to the face, thus shutting off all fresh air from below, being supplied with only a limited amount, which the patient is obliged to draw with some effort through a gum tube of very limited capacity; or, as in some apparatuses, through a small aperture fitted at the top of the inhaler, affording thus—as it may readily be seen—a very meagre supply of fresh air, and obtainable only when the patient makes an effort to secure it. Under the condition of asphyxia, that so frequently occurs from spasm of the glottis, inhaling and re-inhaling again and again their own exhaled breath, overcharged with carbonic acid gas, the patients become victims to their own poisonous breath unless timely noticed and speedily relieved. This is a tangible cause, in our opinion, for the many deaths that have otherwise been attributed to the agent given to produce anesthesia, where it should be justly charged to the unskillful manner of its application. This want of proper care and attention, on the part of the assistant assigned for this office, is sometimes due to a diversion of his thoughts and the greater interest he takes in seeing the various steps of the operation. Thus too much engrossed, he omits to note the patient's pulse (the great index to the condition of affairs with the system), and fails to observe the approach of danger. We have on several occasions noticed an additional cause for asphyxia, and one deserving of severe condemnation, viz.: the surgeon thoughtlessly resting his arm upon the patient's breast during operations made upon the trunk of the body. On two occasions, at least, we were obliged to call the attention of the operator twice, and even thrice, to the fact that the patient had ceased breathing from this cause, and restoratives had to be resorted to before the operation could proceed.

The simplest apparatus, the best and most convenient for the patient, is that known as "Ludde's improved Inhaler," consisting of a light wire frame in form like the bowl of a tablespoon, fitted with a cover composed of a soft, loosely-woven cotton fabric which readily absorbs the anesthetic agent. Accompanying this mask there is a double metallic syphon tube, both fitted with an appropriate stopper. This contrivance is so arranged that the anesthetic fluid can be applied to the mask, drop by drop, or poured in a continued fine stream over the cotton covering, thus avoiding any spasm of the patient's eyes or face, which is so commonly the case when it is poured out of a bottle. There is also a cork adjustment which can be fitted to either a six or eight ounce graduated bottle, and thus the quantity that the patient consumes can be readily ascertained. It is of the utmost importance that the purest make of the anesthetic should be used, and that the patient should empty his or her lungs of all latent and stale air, filling them as thoroughly as possible by full inspirations of fresh air, until the entire volume within the lungs has been changed. There should also accompany this set of appliances one ounce bottle of strong *Aqua ammonia*, and a half ounce vial of *Nitrite of amyl* (which, by the way, has proved the most efficient and prompt agent



for restoring consciousness that we have ever yet used). An electric battery in good running order should be close at hand and ready for immediate use; also a tenaculum.

The patient should not be approached in a sudden and unexpected manner in the application of the inhaler; nor annoyed by the inquisitive looks, remarks, or whispering of those standing around waiting to assist in the operation. All unnecessary display of surgical instruments and all confusion should be avoided; and every step of the proceedings should be conducted in as dignified and quiet a manner as possible.

3rd. The means for restoring patients and the manner of their application is a point that deserves more than a mere passing notice. Usually the first unfavorable symptom manifested by the patient is a sudden dropping of the jaw and falling back of the tongue into the fauces, with cessation of respiration; or else a difficult stertorous breathing, accompanied with a peculiar crackling sound in the larynx, which denotes a very slight escape of air, with occasional spasm of the diaphragm and intercostal muscles (the latter can be distinctly seen drawn inward, together with the abdominal muscles, at this instant); frequent and feeble pulse, accompanied with a weak fluttering over the region of the heart; vacant stare of the eyes; dropping of the head to one side; complete relaxation of the entire muscular system; coldness of the extreme ends of the fingers and toes, with paleness of the face, fingers, and toe-nails. This condition of affairs is not unfrequently accompanied with complete relaxation of the sphincter muscles, followed by involuntary flow of urine, and passage of stool. This latter condition is only of value when considered collectively with the foregoing symptoms, as patients sometimes relieve themselves in this manner before they pass entirely under the influence of the anesthetic. But a careful observer will readily note in this instance that the patients make a voluntary effort, although apparently unconscious of what they are doing. As a precautionary measure to prevent this last named occurrence, due attention should be paid to the bowels by emptying them with enemata at a proper time before the operation.

The following are the different means to which we have resorted to restore consciousness and recovery, and we have succeeded in every instance, except in the five fatal cases before mentioned, three of which were from other causes than *Chloroform*. The first step we have adopted is to raise the end of the table or bed, upon which the patient is lying, removing the pillow, inclining the patient's face upward, and the head downward; seizing the tongue with a tenaculum underneath its tips and centre, drawing it forward, applying at the same time *Aqua ammonia* or *Nitrite of amyl* judiciously to the nostrils and mouth. We will take occasion to state here that it is not an unusual circumstance for the patient, while undergoing the process, and especially when the precaution of thoroughly unloading and refilling the air passages with fresh air has been omitted, to exhibit some slight untoward symptoms, such as a sighing respiration, a sudden but temporary cessation of breathing, accompanied with choking sensation, etc. These can always be promptly relieved by any one of the three methods just mentioned. Should the symptoms assume a grave aspect, such as we have heretofore given, resort should be had to artificial respiration and application to the nostrils and open mouth of the *Nitrite of amyl*; but should these means fail, then apply a current of electricity; the positive pole at the back of the neck at the base of the skull, changing its position occasionally to either side of the neck below the mastoid processes. Negative electrodes should be placed at both soles of the feet and over the epigastrium, and thus a current of electricity is passed through the en-

tire body, including the respiratory organs. An efficient method, and one that we used in the two of the seven cases that were only incidentally referred to in the early portion of our remarks, is the hypodermic injection of *Aqua ammonia* with equal parts of lukewarm water at blood heat, inserted into the common basilic vein. Both these cases responded promptly to this treatment after all the other means which we have herein narrated, excepting the *Nitrite of amyl* and electricity, had failed. The latter was not available, and the former was not known as an antidotal agent to anesthesia at that time.

The following are the various signs that are recognized as tests of complete anesthesia, viz.: forcible flexion of a finger or toe; pinching the patient; flexing and elevating a limb and letting it suddenly drop to the table, and the stertorous breathing of the patient. These indications are presumed to test the absence of sensibility and the presence of complete relaxation of the voluntary muscular system and total loss of consciousness. Then again, the pricking of the patient with the point of a knife, a cruel and unwarranted act. Each and every one of these methods we have repeatedly noted as failures. We therefore adopted a better plan, and one that has never yet failed us, which is to expose the cornea of either eye, by raising the upper lid with the index finger of one hand; then, moistening a finger of the other hand on the tip of the tongue, to gently touch the cornea over its center. If the patient be the least bit conscious, there will immediately and instinctively follow a spasmodic contraction of the orbicularis palpebrarum muscle. Should the patient not evince any sense of the presence of the finger by the absence of such contraction, this may then be accepted as a final and positive test of complete anesthesia, and the operator may now proceed to perform his task without any fear of the patient flinching from under the strokes of his knife.

Finally we will refer our readers, as well as those who object to the use of *Chloroform*, though pure, as an anesthetic, to the Appendix entitled "Surgical Experience of Chloroform," to be found at the close of Prof. Miller's "Principles of Surgery," Edinburgh. This addition contains a series of complete and thorough experiments made on themselves, and an account of the results of long years of experience in the use of *Chloroform*, conducted by Sir John Y. Simpson, Prof. Miller, Mr. Liston, and others. The second named author strongly advocates its use in tedious confinement cases, advanced consumption, and even in severe uterine and pulmonary hemorrhages, which he asserts it has arrested in many cases which have fallen into his hands. Notwithstanding the numerous deaths that have been attributed to the use of *Chloroform*, it is our firm opinion that it is the "*sine qua non*" of anesthetic agents known up to the present day, and we propose to defend it as such until a better and safer one is produced. As a test for the purity of *Chloroform*, the details of which our time and space will not allow us to dwell upon, we will also refer our readers for full particulars to "Wood & Bache's United States Dispensatory," page 888, eleventh edition.

In 201 cases of labor (142 primipara) fully examined after delivery, seventy-five (75) ruptures of the perineum were found—seventy (70) among the primipara. All causes, except rapid delivery and a large size of head, were found infrequent. Nearly all bad cases were at the birth of male children, which are notably larger than female children. Half of the women (100), having the perineum supported, had as many ruptures as the other half, who were not supported. Goodell's method not employed, as considered immodest. Preventive treatment recommended. Counter pressure on head. Sponging parts with hot water. *Chloroform*. Prohibiting woman from bearing down.—J. H. TATE, in *Cincinnati Lancet and Clinic*.

## CLINIQUE.

## ERYSIPELAS, ILLUSTRATED BY CLINICAL CASES.

By J. M. THOMPSON, M.D., HOUSE PHYSICIAN, WARD'S ISLAND HOMOEOPATHIC HOSPITAL.

Without entering into the etiology and pathology of this disease, I will briefly report below some of the cases that have been recently treated in this hospital.

During the past four months sixty-two cases of erysipelas have been treated—fifty of which were males, and twelve were females—and in every case there was a good recovery.

Of the sixty-two cases, forty were erysipelas of the face alone, two of the scalp, fourteen of the leg, three of the hand, and three of the arm. Many of the cases were exceedingly severe, and on admission a grave prognosis was attached to many of them, not only because of the severity of the inflammation, but because of the complications present, the principal one being that of acute alcoholism. Several in the latter condition were upon the verge of delirium tremens.

Another drawback to the successful treatment of the erysipelas cases is that the class of patients that we meet with in hospital practice is for the most part admitted in an extremely debilitated state, they having been for a long time deprived of sufficient food and clothing, and having been subject for many years to excesses and deprivations of every kind and form.

Very nearly one-third of these cases also presented severe contused or lacerated wounds at the seat of the inflammation, the histories showing that the patients in each of these cases had received blows or falls, and that subsequently, from exposure to cold, or other causes, erysipelas inflammation had manifested itself at the seat of the injuries.

The principal remedies used in the above list of cases were *Bell.*, *Rhus tox.*, *Apis mel.*, *Arnica*, and *Camph.*, and in many of them a lotion, composed of a few drops of the tincture of the homoeopathically indicated remedy in water, was used with apparently much benefit.

An extract from Boeninghausen which appeared in a recent medical journal mentions *Camphor* as a remedy in the highest degree in cases of uncomplicated facial erysipelas.

This remedy was tried in two of the cases where the erysipelas was very marked. The local symptoms were severe, the face being greatly swollen—where, in fact, *Belladonna* was well indicated. The affected parts were of a bright red hue, and smooth and shining in appearance, with tingling and stinging pains; and the constitutional symptoms were also well marked. In one case, that of a male, there was slight delirium, pupils slightly dilated, anorexia, considerable thirst, dull aching pains in the back and limbs, pulse 120, and temperature 102°. The patient was immediately given *Camph.* 3, a dose every three hours. Steady improvement set in, and at the end of two days the face assumed a much improved appearance. The pulse and temperature became normal, and all the constitutional symptoms disappeared. A placebo was then given, and the patient, two days later, was discharged cured.

In the other case, that of a female, the symptoms, both local and general, were very similar; this case likewise being a very typical one of the specific inflammation. It involved principally the right side of the face and extended to the right ear; this patient likewise made a rapid recovery. *Vaseline* was the only local application used in these two cases, and

that not until the patient was well upon the way to recovery.

Case No. 3.—Miss K., æt. thirty-five, was admitted April 5. Patient was healthy until present attack, which began six days ago. Without any apparent cause, the right cheek, near the eye, began to swell, and to be very red, and sensitive to the touch. The swelling soon extended over the entire cheek, and next attacked the left side of the face.

Upon admission both cheeks and forehead are found to be greatly swollen; the right eye closed, and the left one nearly so. The parts are quite smooth, and pinkish red in color, sensitive to the touch, and pit upon pressure. She also complains of burning and stinging pains in the parts, and dull aching pains in back and limbs, together with anorexia, considerable thirst, nausea, restlessness, and vertigo. Pulse 112, temperature 104°. R. *Apis mel.* 3 internally every two hours; and locally, a lotion of *Apis tinct.*, two drops to the ounce of water.

April 6, A. M.—We find the patient surprisingly improved. The inflamed parts have assumed a lighter hue, and she complains of but little pain; the general symptoms are likewise less severe. Upon taking the temperature carefully again, we find it only 100½°, and the pulse 96. R. *Apis mel.* 30.

April 6, P. M.—Still rapidly improving; the pulse and temperature are nearly the same. Continue the lotion half the strength that was first applied.

April 7, A. M.—Temperature and pulse normal; face is still slightly swollen, but there is no pain in the parts. R. *Sac. lac.*

April 8.—Face has nearly a normal appearance; good appetite; says she feels perfectly well.

April 10.—Discharged cured.

Case 4.—G. R., æt. forty, was admitted April 3. Three days ago he was thrown from the cars, and struck upon the left side of his face, causing a contused wound. A lotion of *Arnica* was applied over the wound, but on the second day the affected part began to swell and pain him very much, which latter symptoms he attributes to a cold that he received.

Upon admission the whole of the upper part of the face is greatly swollen, especially the left cheek and eyelids. The eyes are nearly closed; the parts are light red in color, and smooth and shining in appearance. He complains of throbbing and stinging pains in the face and temples, and shooting pains through to the back of his head; feels very restless, great thirst, no appetite, some pain in the back, and diarrhoea; stools are frequent, profuse, and watery, and slightly bloody. Pulse 114, temperature 103.6°. R. *Bell.* 3. Locally, *Bell. tinct.*, two drops to the ounce of water.

April 4, A. M.—Much less fever; pulse 94, temperature 101.5°; no diarrhoea. The face looks better; throbbing pains not very marked, but there is a great deal of stinging and burning in the parts.

In this case, where *Bell.* had been of great benefit, and although the patient was steadily gaining, I felt greatly tempted to change the remedy, and did so, giving R. *Apis mel.* 3; also a lotion of the remedy locally, the same strength as that before used.

April 5, A. M.—The patient is still rapidly improving. The pains are steadily diminishing, swelling decreasing, appetite is returning, pulse 92 and full, temperature 100.2°.

April 7, A. M.—The face has nearly a normal appearance; all constitutional symptoms have disappeared.

April 8.—Discharged cured.

Case 5.—J., æt. forty-five, was admitted April 15. Health was good until about one year ago, since which time he has suffered from general debility, he says. Three months ago he had a severe attack of pleurisy, from which he made a good recovery under homoeopathic treatment.

Three nights ago he was exposed to a draught of cold air, and on awaking in the morning he experienced an uncomfortable feeling in the face, and noticed that it was somewhat swollen. During the day the swelling increased perceptibly about the right eye, the parts, including the right cheek, becoming bright red in color. The next day the swelling extended to the left side of the face, there assuming much the same appearance; he suffered severely from stinging and tingling pains, and developed considerable fever.

Upon admission the face is found greatly swollen and light red in color, and he can scarcely see. The parts are exceedingly painful, and there are shooting pains through the temples; also severe frontal headache, great restlessness, severe pains in the back and limbs, anorexia, great thirst, bowels constipated; pulse 132, and temperature 105°. *R. Bell 3*, every two hours.

April 16, A. M.—The face looks no better. Headache is somewhat relieved, otherwise he feels the same; the parts sting and burn very much. Pulse 120, temperature 104°. *R. Apis mel. 3* every two hours. Local application of the tincture, the usual strength.

April 16, P. M.—Looks about the same; is quite delirious, and needs constant watching to keep him in bed. On questioning him, he says he feels "tiptop," and wishes to take a walk. Pulse 124, temperature 104.2°. Treatment same.

April 17, A. M.—We find that he continued delirious during the whole night, but he is now very quiet; the face looks much better. Says he feels no pain; pulse 110, temperature 102.4°.

April 17 P. M.—To-night we find him very restless again, with slight delirium; face, however, looks very much better, the swelling having now decreased nearly one-half. Pulse 106, temperature 101.5°.

April 18, A. M.—Patient talks intelligently, and says he suffers no pain; but feels very weak. The swelling is rapidly diminishing; has some appetite. Pulse 98, temperature 100°. Treatment the same, minus the lotion.

April 21.—Face looks quite normal in appearance; no constitutional symptoms.

April 23.—Discharged cured.

### COLLECTANEA PRACTICA.

By F. G. OEHME, M.D., TOMPKINSVILLE, STATEN ISLAND, N. Y.

(Continued from page 79).

#### 3. Psoriasis:

A girl of 20 had psoriasis guttata on the lower part of the face and front part of the neck. There were about eighteen spots of the size and shape of a pea to that of a large bean, which disfigured her looks and caused much itching. On removing the fine scales with the finger-nail the skin appeared reddened and slightly elevated. New spots kept coming and the old ones increased in size. The affection had already lasted several weeks. *Ars.*, *Sulph.* ineffectual. The case grows worse. *Merc. iod. flav. 3*, *dec. trit.*, 4 times a day, stopped further progress at once and cured in ten days.

#### 4. Erysipelas traumaticum, or caused by *Arn.*:

A healthy and robust-looking man of 40 has many varicose veins on his legs. Whenever his skin is bruised or injured, even slightly, it heals slowly and with much difficulty, often with ulceration. Recently he received so slight a knock on the left ankle that he scarcely noticed it, but the place soon grew sore. His physician ordered constant applica-

tion of a cloth, moistened with a lotion composed of tincture of *Arn.* and *Sugar of Lead*. This made the disease much worse. When I saw the foot five days later, the ankle looked as if it had been scalded or attacked by a severe erysipelas bullosum, measuring each way about 8 or 9 inches, worse in front and meeting behind. Much itching and burning. From past experience he did not expect to get well short of three weeks at the earliest. *Rhus. tox. 2 dil.* every two hours. No change after 24 hours.

As this disease resembled closely a severe scald, and as the best remedy for the latter is *Bicarb. of soda*, I ordered the constant application of a cloth, wet with the solution of the salt (1 teaspoonful to a cup of water). The itching and burning subsided very quickly. Much improved the next day. The fifth day he was discharged from treatment and went to his business.

I shall also try the same treatment in the next case of idiopathic erysipelas.

#### 5. Whooping cough:

We are much indebted to Dr. H. A. Mott for the publication of his valuable and instructive article on this subject in this journal (vol. 7, p. 222). Although we followed his directions exactly, yet we did not have as quick results as he; we were, however, well satisfied, as the children were as little sick as any we ever have seen. Their general health remained almost as good as usual; no fever, scarcely any vomiting, but the whooping lasted several days longer than in his cases. In order to hasten the cure we tried inhalations of a solution of *Quinine* and also of *Salicyl. acid*, but on account of the children being too young or unmanageable, we had to relinquish them.

As the spores are located in the mouth and air passages, we see no need of the medicine being swallowed where it is practicable to avoid it, as with older children or grown persons. Rinsing the mouth and inhalations would certainly go more to the very spot and obviate a superfluous and useless incorporation of medicine into the stomach. When other cases present themselves in larger children or grown persons, we shall make comparative trials with inhalations of different antifungous remedies, such as *Carbol.* and *Salicyl. acid*, *Borax*, etc.

We accord to L. Letzerich the priority of having investigated the subject scientifically and discovered the cause of whoopingcough (in 1871), but disconnected observations, tending in the same direction, have been made before him. A homoeopathic physician, more than 16 years ago, drew the attention of the profession to little elevating or ulcerlike eruptions on the frenulum linguae, and his observations were confirmed by others, but none of them thought of making microscopical examination, and thus the fruit of their observations was lost.

In the *N. E. Med. Gaz.* 1, 35 (1866) *Bromide of Ammon.* in doses of 1.10th gr. every two hours, is highly recommended against whooping-cough, and a cure with doses of 1.20th gr. every two hours reported to have taken place within three days. The same volume, page 168, two speedy cures (within three days) with the first decim. trit. of the same remedy are published. The action of the drug is there explained by one writer, "by inducing a semi-paralysis or partial insensibility of the glottis," by another writer on strictly homoeopathic principles. Is it not nearer the truth to explain its action on its anti-fungous power?

More recently other antifungous remedies have



been used with very great success, although we did not find mentioned that the remedies had been selected with reference to the destruction of the spores. In *N. E. Med. Gaz.* 12, 577 (1877), two cases of whooping-cough are reported cured in a few days by inhalations of *Phenic acid*. In the *HOMŒOPATHIC TIMES* 7, 191, several cases cured in 1-3 days by *Ammon. picric*, 1-8, 1-12, 1-16 gr. every three hours. In *Allgem. Hom. Ztg.*, 100, 126, several cures in 3-5 days by inhalations of *Kal. hydrobrom*, three times a day, each time 20 grm. of a 4-5 per cent. solution. In an allopathic journal cures in a few days by inhalations of a 1½-2 per cent. solution of *Carbol. acid*.

This is neither homœopathic, nor antipathic, nor allopathic treatment, but a variety of ways for removing merely the cause of this disease, not the consequence of the cause. It is about as much of a medical treatment as the washing of dirty hands with *sapo medicatris*. If we could pick up the spores with the fingers or rinse them off with water, we would not use *Quinine*, *Carbol. acid*, or any other drugs.

Shall we quit homœopathy in this one disease?

We do by no means under-estimate the system. As unsatisfactory as the homœopathic treatment often proves in this disease, it is far, far superior to the allopathic treatment. We have as yet no remedy in this disease that can compare in importance and efficacy to *Spong.* (and its relations, *Jod.* and *Brom.*) in Croup, nor even to *Merc. cyan.* in diphtheritis. How often have *Bell.*, *Atrop.*, *Cupr.*, *Dros.* and others utterly failed us when they seemed most indicated? We do not deny that a homœopathic remedy can put the system in such a condition as to enable it within a few hours to commence throwing off spores and fungi by its own recovered vitality, and make the body an untenable place for parasites. There have been as speedy cures achieved with homœopathic remedies as those above mentioned, but if each physician will compare the number of cures of whooping-cough accomplished with homœopathic remedies in from 3-5 days, with those where it required more than a week, he must at once admit that his "speedy" cures are the exception, perhaps even a very rare one, not the rule. On the contrary, speedy cures under the antifungous treatment seem to be the rule.

This treatment needs not to be such a heroic one, as some may think. Prof. Binz proved that the largest infusoria are killed by a solution of *Quinine* of the strength of 1 in 800 immediately. Now, 1-800 comes very near to 1-1000, which is our third dec. dilution! It has been proved repeatedly that very weak solutions of *Carbol. acid* (¼ per l. and less) and other drugs, applied locally, operate much better in diphtheritis than strong ones, because the latter cause too much irritation and do not seem to be of any more practical benefit regarding the destruction of spores than weak ones.

If each fungus in whooping-cough was so large that it could be taken off with the finger, no bigoted orthodox physician would be foolish enough to cry out against its removal. If head-lice were microscopic animals, would they remonstrate against the use of a comb and soap, and administer an internal remedy? It is merely a matter of *size*. Progressive ideas do not quickly find favor with some, because they are not in their rut of thinking and observation.

SCIATICA.—Hypodermic injections of ether, fifteen to twenty-five minims once a day. Number of cases cured. No abscesses resulting.—*Cincinnati Lancet*.

## INTESTINAL PARASITES.\*

By WM. L. BREYFOGLE, M.D., LOUISVILLE, KY.

Since the world began, medical men have represented a system of empiricism. Infatuated by some particular theory or idea, they rush on, armed for the conflict, and woe to the individual or patient who, failing to subscribe to the arguments of his physician, dares to present an obstacle in the way of its fulfillment.

It is then only following in the footprints of my predecessors when I present for your consideration some thoughts suggested from private practice, not expecting, however, to advance any very original or even modern idea; but they may, perhaps, be found interesting by reason of recalling to your minds some facts which you have not been ignorant of, but may have been inclined to overlook. I will begin by citing a case which came under my observation some two years ago, and which was the cause of later investigation.

Mrs. H., a widow lady, aged 59, was taken with severe chill, followed by fever, and severe pain in the region of the liver, extending through to the region of the right kidney. The pain was of so acute a nature that active measures were taken for relief. Under the use of the properly indicated remedies the severe pain soon subsided, but did not entirely disappear. A day or two later nausea and vomiting set in accompanied by a slight diarrhoea. (I should here remark that my patient had been obstinately constipated, and for the previous seven or eight years had been depending entirely upon daily enemas for evacuating the bowels.) The symptoms requiring *Arsenicum*, it was administered. Some hours later was shown a large worm (*lumbrie*) about six inches in length which my patient had vomited, and, with the exception of the nervous shock, found her greatly improved. Suspecting the existence of others, I at once prescribed *Chenopodium*. Under the use of this drug the soreness disappeared, my patient speedily recovered, and, what seemed the most agreeable feature, the chronic constipation was entirely removed.

It is probable that many of you have had similar cases, and therefore will not recognize in the above anything worthy of especial mention; but to me this remarkable cure of so obstinate a case of constipation possessed a peculiar significance. Attributing it to the continued use of *Chenopodium*, I determined to test the remedy thoroughly in other cases. To my surprise I found it succeeded beyond my most sanguine expectations; that it was not only valuable in constipation, but that in nearly every case worms were discharged, and that other and more distressing symptoms were removed. In fact such successful results followed its use that I almost concluded that, unless the good people of Louisville were subject to special influences belonging to their geographical position, about two-thirds of the human race were overstocked with these parasites, and that *Chenopodium* was the *sine qua non*.

Later I began carefully noting the cases, and the symptoms which *Chenopodium* seemed to remove, and I am confident that, if a careful proving were made of this drug, it would constitute in itself a *Materia Medica*.

It is recommended as "acting upon the intestinal canal, producing irritation and giving rise to a train of symptoms closely resembling those which indicate chronic irritation, inflammation, and the presence of intestinal worms. It also acts on the brain and other organs, but these are only secondary to the primary irritation of the bowels." This coupled with the fact

Read at the fourteenth annual session of the Indiana Institute of Homœopathy, Indianapolis, Indiana, May 30th, 1880.

that the presence of these parasites in the alimentary canal frequently produces fevers, enteralgia, gastralgia, intestinal catarrh, abscesses, headache, vertigo, indigestion, constipation, diarrhoea, convulsions, epilepsy, and even insanity, or by reflex action upon the spinal cord, a long train of strange and often severe nervous symptoms, would seem to give *Chenopodium* a wider curative range than that of almost any other remedy.

These facts admitted, then, are we not guilty of gross neglect in not oftener prescribing a remedy which affords such immediate relief? And is it not strange that, after exhausting our resources for our patient's "biliousness," or his "malarial poisoning," the thought of an "intestinal irritation" should not oftener present itself?

Ask yourself how many cases during the last year you have diagnosed as "irritation from worms." If it were not for some sensible old lady occasionally correctly diagnosing some case that is baffling science (?) and interposing some vermifuge, injecting a little turpentine, or fishing with a piece of fat meat and a candle, the word would become obsolete—'tis not scientific enough. To diagnose a case as worms does not sound learned.

Worms are commonly supposed to trouble children more than adults, due, it is claimed, to the fact that the latter consume more salt, and that the *Chloride of sodium* acts as a prophylactic. My experience does not sustain this theory, and my observations lead me to believe that in this respect adults are but grown up children, who by natural processes pass from under the care of watchful nurses, and are left to do for themselves.

No one who has devoted any study to the subject can doubt that the enormous quantity of raw or underdone beef consumed by the adult will render him more liable to parasites than does the plain, simple food of the child.

Parasites exist in the human subject through life, over thirty varieties having been described, inhabiting the different organs and tissues of mankind. It is, however, with those which inhabit the intestines that we have mostly to deal. Of these I might mention principally the *ascaris lumbricoidea*, or round worm, closely resembling in appearance the common earth worm; the *ascaris vermicularis*, or thread worm; the *tricocephalus dispar*, or long thread worm; the *tenia solium*, or common tape worm, and the *tenia lata*, or broad tape worm.

As you are all probably familiar with the history of the other varieties, as well as with the reports of the wonderful cures effected by the removal of these vermin, I will not longer claim your attention.

It has been remarked that the medical profession was like a horse in a tread-mill, and that about once in one hundred years it came around to where it started from. Let us then hope that the subject of the introduction of foreign parasites into the human system, and the consequent evils resulting therefrom, will, in the near future, receive more consideration, and mankind be relieved of many of the now considered incurable ailments.

#### SELECTIONS FROM GERMAN JOURNALS.

By F. G. OEHME, M.D., TOMPKINSVILLE, STATEN ISLAND.

*Intermittens quotidiana*—catarrhus sinus frontalis dextro-cephalalgia et otalgia dextra cured by *Arg. nitr.*

Man of 30, hoboist, of slender and very emaciated figure; face pale, thin, haggard, bearing the imprint of a deep-seated disease. His sickness commenced three and a half months ago, when he was obliged to

stand a long time in a raw wind, after being heated to a perspiration by a long march. Toward evening he was taken with a severe chill, which was followed by heat, and in the night by profuse perspiration. At the same time he had also a violent cold in the head. He was carried to the military hospital and treated with *Quinine*, whereupon the febrile symptoms subsided, but exceedingly profuse night sweats remained.

*Status presens*, three and a half months after the commencement of the disease: continued chilliness, considerably worse after sunset; the mucous membranes anemic; very troublesome coryza, with stoppage of the nose; at times thick, yellowish, fetid "clinkers" are removed with difficulty from the right nostril; he must blow his nose hard, at which time a little blood comes out of the right nostril. Not the slightest sense of smell; speaks through his nose; much white mucus collects in his mouth; the root of the tongue coated thick and white; frequently unnatural appetite, notwithstanding a bad taste in the mouth; the right side of the head is very painful and sensitive to the touch; the hair is there thinner than on the left side, on account of the falling out of the hair; there is a tearing pain in that side, which attains a fearful violence in the right temple; worse in lying on the affected side; worse at present during day, but it appears also nights, forcing tears in the eyes. This pain appeared simultaneously with the night sweats, but in a mild degree; pills (probably *Atropin*) which he received for the latter made the neuralgia much worse. The pain extends also to the right ear, and there is a sensation as if a sharp knife was cutting in it; if the pain is not very violent, there is a sensation as if somebody was picking in the ear with a sharp instrument. Steam from *Chamomile flowers* gives relief; cold air increases the pain, but still he feels better in the open air. Depressed spirits. *Arg. nitr.*, 3 dil., three times a day, three drops.

Improvement commenced with the second night. Two weeks later, at night, he had a severe attack of neuralgia, but worse in the left side. Taking this for the effect of the medicine, it was left off, whereupon the pain disappeared entirely, but the right temple remained sensitive to pressure a long time. Speaks less through the nose. The unnatural hunger is now natural. One week later (commencement of fourth week of the treatment) the same medicine every four days, morning and night, two drops. Four weeks later entire recovery; looks well and healthy; red cheeks; gained in weight. (Hirsch, *Ztschr.*, 27, 2, Mossa.)

THE ITCH IN THE CAT—ITS CONTAGION.—M. Megnin (*Le Prog. Med.*) has seen two cases of the transmission of this disease to horses. The animals were suffering from eczema, with crusts upon the back. On inquiry he found that a cat was in the habit of sleeping upon their backs. The cat had been dead several days, but an examination of sections of the skin under the microscope showed numerous acari under the epidermis. The acari of the cat, which was discovered at Stuttgart, does not form furrows. The female makes its nest under the epidermis. Frequent inoculations prove its transmissibility to the dog. The sewer rat is also affected; the question is not decided whether it does not affect the rat in the first instance.—T. M. S.

TYPHOID FEVER SIMULATING MENINGITIS.—M. Guyot (*Le Prog. Med.*) relates the history of a child of thirteen years, who, seized while on the street with epileptiform convulsions followed by coma, was brought into the hospital. On the morrow appeared contractions, trismus, irregular pupils, bloated abdomen, no eruption, temperature 101.6° F. The patient died on the next day. At the autopsy there was found a slight congestion of the meninges and brain, but the alterations of Peyer's glands were marked.—T. M. S.

# The Homœopathic Times.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

## STATE SOCIETY.

The forthcoming semi-annual of this society, to be held in our midst, should not be allowed to pass without that respect which is due from its members—particularly in the immediate locality which has been thus honored—of a full attendance!

There certainly ought to be felt sufficient interest in this organization as a representative body, to bring out our ablest members. What an interesting occasion we might have if even a majority of the physicians in this vicinity would devote a few hours to this meeting, and each one come prepared to contribute a *mite*—however small—to its deliberations.

A few concise words from the mature and experienced upon practical subjects are worth more than all the elaborate theorizing of the inexperienced essayist.

We do so wish that our older members could feel the interest necessary to enlist their efforts to make this the largest and most interesting meeting the society has ever held.

If you cannot be present in person, jot down a short article—even a line—which will not only serve as a text for discussion, but will encourage others to future action.

The question has often been asked, "Why do our ablest, most experienced men fail in their duty to society work?"

As scientists we should cultivate no animosities, nor allow our regard for pet theories or dogmas to influence our respect and toleration for the opinions of others equally honest.

With a proper regard for that courtesy which should govern gentlemen in all their social relations, we may hope to discuss calmly and deliberately the

various questions, even of a controversial character, which may come before us, and thus the cause which we all hold so dear be benefited by our associating together.

## THE DUAL ACTION OF DRUGS.

Everything in nature is to a certain extent suggestive: its phenomena, carefully observed, are the open doors to the magnificent results of science, whose revelations often seem so marvelous. The thoughtful mind seizes hold of a little fact, which has been repeated, though its suggestions have been unheeded, thousands of times before, illustrating a principle as old as organized matter; and, following out the line of thought suggested as to cause and effect, a principle is unfolded which sweeps away crude and ill-formed theories, substituting the positive working of a clearly defined and well understood law for conjecture and empiricism.

The falling apple was no new fact, but it awakened in the receptive mind of Newton an inquiry as to the cause, which resulted in the unfolding of the law of gravitation. The rise and fall of the lid of the teakettle was nothing new, yet it awakened in the mind of the youthful Watts a line of thought which has taught us the power of steam and revolutionized the industries of the world.

The dual action of drugs is nothing new, but an understanding of the simple principle involved has given us the corner stone of a scientific therapeutics. To derive any advantage from this principle, however, we must follow the same close and careful line of study, which alone meets with success in any department of science; in other words we must generalize less and individualize more.

All forms of sickness of the stomach are not generally supposed to arise from the same cause, hence it will be perceived why in one case small doses of *Ipecac* would be followed by prompt relief, while in another case, where the trouble was the result of an entirely different cause, the drug would be useless. Simply because *Podophyllin* will produce diarrhœa, no scientific observer would jump at the conclusion that it is an unfailing specific in all forms of infantile diarrhœa, no matter what the cause or what the pathological conditions. Every drug has its own specific action on the human organism; one affecting the nerves of motion, another of sensation, one contracting, another relaxing, one affecting the tissues, another the bony structure, and each one, given in sufficient quantity, producing certain pathological conditions in local parts, and through them, by reflex action and by disarrangement of nutrition and circulation, disturbing more or less the whole system. No scientific observer would take at random here and



there an isolated symptom, without regard to cause, and expect to obtain the specific result of the drug. The sickness of the stomach might be occasioned by cerebral irritation or general anæmia, the burning in the urethra by nervous exhaustion or the chemical condition of the urine, and in both cases we might find that the drug which at first glance, judging by an isolated symptom, might seem indicated, would be entirely out of place on fully investigating the case. Given, a careful history of a case, including temperament, hereditary predisposition and the leading symptoms present, with a clear idea of the pathological condition which might be expected from the picture thus presented, and the result is a pretty sure indication of the cause of the disease; but what a parody upon medicine, as a science, to say that with all this information before us, our profession, with its centuries of thought and accumulated wisdom has given us no principle to guide us in the selection of a remedy. The proper use of food and the observance of those hygienic laws which are now, by the profession, at least, better understood than ever before, are, of course, essential to health; but the physician has to deal with the results of a disobedience of these laws, when something besides a careful observance of diet and sanitary methods is necessary. Mechanical means and palliatives may be, and are, often required, but has no principle yet been discovered to guide us in the selection of a remedy for the disturbed vital forces? Study side by side the poisonous action of *Mercury* and syphilis; note in your comparisons not only the strong points but the delicate shades, and then give to your syphilitic patient, when you find the likeness present, *Mercury*, not in heroic doses, but in doses just large enough to override and crush out the effects of the poison without leaving any trace of violent drug action. A careful study of the poisonous action of the drug leads you directly to its curative action. Every day presents so many illustrations of this fact that it is a marvel to us how thinking minds, minds trained to scientific precision, can fail for a moment to see that in the dual action of drugs we have found, at last, the key to a scientific therapeutics. Every case must be individualized and the dose carefully directed to meet the peculiar indications. The dose may be exceedingly minute, or of a more positive character, as the indications warrant. Will the *Medical Review* carefully study the dual action of a few of the remedies used by all schools, such as *Aconite*, *Digitalis*, *Veratrum viride*, *Opium*, *Phosphorus* and *Tartar emetic*, letting the poisonous action of the drug be the guide to its use when like symptoms prevail in disease, and see if it has not found, at last, a therapeutic principle which, though it may be "neither new nor mysterious," will lead it to a clearer perception of its work and foreshadow the possibilities of the future?

## OUR INSTITUTE REPORTS.

In our report of the doings at Milwaukee, we took particular pains to obtain the facts, and in our comments we endeavored to deal fairly with all parties. But the complaint has been made to us that we were unjustly hard upon those who opposed the work of the Bureau of Materia Medica during the last year, and we have looked over the ground again and instituted inquiries, in order, if wrong, to set ourselves right.

As a result, we must say that we were not wrong.

The bureau pursued the course marked out at the beginning of the year, bringing in all kinds of proof of the attenuability of drug matter, and of the presence and power of drug molecules in attenuations as far up the scale as any species of test could go. There seemed to be no dodging of facts to suit the prejudice or passion of any clique or party or person, present or absent.

The calm, firm course of the bureau seemed to overcome whatever opposition had been gathering against the day of its report. Speeches intended to mar its work fell harmless, and a great, calm, good feeling of satisfaction was prevalent.

We are told that Dake and Lilienthal shook hands; that Lilienthal said: "Dake, I only objected to you for putting Dr. Paine on your bureau." And Dake said: "I put Dr. Paine on the bureau for two reasons: first, because he wanted to work with us, and second, because I wanted a low attenuationist, of acknowledged ability, to consider the clinical proofs urged in favor of attenuations above the thirtieth decimal. I had put Drs. Cowperthwaite and Lawton on as "high potency" men, and I must have both sides represented. I am sorry I put Dr. Paine on, because he has failed me and left the argument, as to clinical proofs, all on the one side."

In regard to what the several members of the bureau reported, we have no occasion to speak now, as it will all be in print in a few days.

We have never remarked upon the character of the bureau as made up by the chairman, but must now say that his selection of associates was quite happy. Each one was well qualified to do the work assigned, and to do it thoroughly and without detriment to the truth. There were none without experience with both high and low attenuations, and there were able advocates of both sides of the "dynamization theory."

In regard to "make up," this bureau was in marked contrast with the Bureau of Clinical Medicine, the chairman of which seemed determined to have only *simon pure*, out and out "high potency" men associated in his work.

But it savors too much of bigotry and a weak

cause, to be selecting men, in our society and bureau work, for any reason save ability and honesty.

We have very little use for the creed-making propensity and close-communion arrangements of some in our ranks. Let us have honest, open, plain work—a free field, wherein the fittest may survive—then truth will have nothing to fear.

### TANNER'S RECOVERY.

Nothing connected with the recent fast of Dr. Tanner has seemed more remarkable than the wonderful facility with which recuperation obtained.

The doctor was induced by his medical attendant to take Mr. Reich's "Tokayer Ausbruch," and as the daily press announced this fact as simply "Hungarian Wine," unreliable parties at once took advantage of the statement to palm off upon the public wines of inferior quality, and not at all such as had been used on the occasion referred to. These facts coming to the ear of Dr. Tanner, he at once made a statement from which we quote as follows:

"I must say that its effect was surprising—the anticipated mutinies were averted, the almost immediate accommodation of the digestive organs to their long-suspended duties was noted, and the restoration to a normal condition, which I expected would ensue only after a considerable taxation of time and patience, was rendered immediate by the wonderful assimilating qualities of your wine. I am sure its excellence is attested by the comparative gain for the four days succeeding my two fasts, from two to three pounds being the rate per diem after the Minneapolis event, and six pounds the percentage for like time since the recent ordeal—which difference I attribute wholly to the use of your wine."

### THE BOGUS DIPLOMA BUSINESS.

The Philadelphia *Record* has done good service by giving the public a full account of this rascally business, together with a list of the so-called graduates, classified by States. New York comes in for its full share, and we hope the recent registration law will bring them to light. It is said that Buchanan's list alone numbers eleven thousand! We observe the names of Chas. G. Polk, professor of surgery, '76 to '78, and Edward N. Fishblatt, professor of dermatology, '79 and '80. The latter-named gentleman belongs to this city, and we are surprised to see his name in this connection, as he could not have been ignorant of the character of the institution when he joined it.

I. J. M. Goss, of Ga., appears as the present president of the so-called National Eclectic Association, of which Buchanan is secretary, and this organization, said to be without legal status, issues a "diploma" for six dollars!

Paine's Philadelphia University of Medicine and Surgery is said to have graduated six hundred.

We cannot understand why the proper authorities do not see to it that these institutions are eradicated. Our educational interests demand that this scandal shall cease, and the public will countenance any means necessary to the end of this nefarious business and the punishment of its dishonest promulgators.

### BIBLIOGRAPHICAL.

NINTH ANNUAL REPORT OF THE STATE HOMŒOPATHIC ASYLUM FOR THE INSANE, at Middletown.

We quote from Dr. Talcott's report of this excellent institution the following regarding the treatment of its inmates, which must be interesting to its friends:

"We again proclaim the fact that a strict adherence to the plan of Homœopathic medication is still our invariable practice, and the single remedy alone is used. Under this method the outcropping symptoms are usually successfully combatted, and the disease in hand, if not too far advanced, is, by benign means, brought to a happy termination. But in treating the insane, we find there are legitimate adjunct measures, in aid of medication, which may profitably be employed in the rebuilding of degenerated and worn out physical and nervous systems. We may state at the outset that insanity and anemia stalk hand in hand; and we feel it true that if the latter condition can be removed, the former state will, in many cases, change to one of hope and health. In the first place, then, when entering upon the treatment of a depleted patient, we seek to act the part of wise men, who would successfully rebuild a city that had been laid in ruin. We endeavor to provide an abundance of the right kind of recuperative material. To this end, after diverse and repeated experiments, we determine that fresh milk in plentiful quantities, and beef tea of the best quality, are most thoroughly adapted to the necessities of nearly all of our weak and exhausted patients. We rarely resort to diffusible stimulants. The changes effected by a proper diet, after a process of irregular, erratic, innutritious feeding which too often obtains at home, are sometimes marvelous to behold. After a sufficient course of the milk and beef tea diet, these articles being given in alternation, and at frequent intervals (every three hours), the patient is put upon a more general diet, consisting largely of pea or bean soup, rare beef, eggs, a variety of vegetables, and an abundance of fruits in their season. We rely upon these plain methods of dieting, because we find them very successful in accomplishing our object—the speedy restoration of our patient.

"*Per Episode* :—We have met with excellent results in improving the condition of our aged and decrepit patients by the regular and free use of buttermilk.

"In conjunction with diet we employ, in some cases, manual manipulation of all the muscles of the body for the purpose of both stimulating the capillary circulation, and increasing the action of the absorbents. By this method of muscular kneading we are enabled to secure a ready flow of the vital fluid to all parts of the body. Having obtained a goodly supply of blood by the use of proper nourishment, and having forced it throughout the system by this "passive exercise," we find that we have accomplished the intended work of restoring wasted muscles to their former size and strength. The reflex action of this procedure upon the brain is remarkable. The animal spirits, rise like mercury in a tube under the pressure of external heat.

"Hope springs exultant on triumphant wings," and the gloom of the soul is dispersed by force of the crimson tide, as the gloom of night is driven to retreat before the bayonet gleams of morning. A sound mind is, indeed, often, if not always, the result of a sound body, as fragrant aroma is the result of the perfect flower.

"As the mind of the patient resumes its accustomed activity under the influences of diet, and proper direction and force of the blood currents, there comes a need for the control and guidance of those incessant powers which characterize the human mind in its normal state. To this end, suitable diversion must be sought. Reading is often profitably engaged in by the insane, during convalescence, and to such as are likely to be benefited we supply the current literature

of the day. This diversion is permitted only under observation, a careful selection of books for each individual being made, and is continued only so long as advantage is apparently to be derived. As a change from reading we substitute, at frequent intervals, walking, carriage riding, croquet playing, and various other out-door amusements. The evenings are passed in friendly games, practice upon the piano, dancing, and such other diversions as we are able to devise for the pleasure of our patients."

**MATERIA MEDICA AND THERAPEUTICS.** Arranged upon a Physiological and Pathological Basis by C. J. Hempel, M.D. Third Edition, Revised and Greatly Enlarged by the Author, Assisted by H. R. Arndt, M.D. Vol. 1. Chicago: W. A. Chatterton.

Professor Hempel, in his preface, states in a few words the plan upon which he proposes to construct his work. "A mere aggregation and juxtaposition of symptoms is not sufficient to constitute a *Materia Medica*; at any rate a *Materia Medica* which exhibits nothing but symptoms does not satisfy the needs of the homoeopathic practitioner as a reliable guide through the labyrinth of pathology. What the physician desires to find in a work on *Materia Medica* is a clear and precise indication of the pathological derangements to the cure of which a remedy is adapted. Hence he expects to have two parallel series of morbid phenomena presented to his view and judgment—the pathogenetic series of drug symptoms, and a corresponding pathological series of morbid phenomena. In the present work these two series have been constantly combined, yet in such a manner as to avoid making the business of prescribing purely mechanical art; on the contrary, the physician, in studying his work, will find ample opportunities for the exercise of his independent judgment in selecting a remedial agent in a given case. The first volume contains one hundred remedies, extending from *Acetic acid* to *Colinonia*, including the most important of the new remedies recently introduced into practice. They are discussed in conformity to the plan marked out in the preface with greater or less detail, according to the importance of the drug. The author has given us not merely a dry detail of symptoms, without any pathological clue to guide us, but a general description of the drug, its empirical uses, and the pathology obtained from toxicological and post mortem investigations, and then the proved symptoms and special application to various diseases.

The introductory chapter is a strange mixture of exploded theology, bad philosophy, and here and there gleams of common sense. It is unworthy the work, and we trust the publishers will strike it out of the next edition, or subject it to a thorough revision.

A work of symptoms alone is in no sense of the word a *Materia Medica*, and however important it is to individualize our cases, we are too apt, in the close study of minute shades of symptoms, to lose sight of more important indications. In our condemnation of the so-called "regular" school of prescribing for name, we not infrequently run into the other extreme, and fail to detect the indication for the specific remedy through the mass of functional and reflex disturbances in which the real disease is enveloped. The *Materia Medica* of the future will give us the history of the drug, its empirical uses, and a concise and truthful picture of the disturbing toxicological and pathological results of its action. We shall see at a glance the relation of drugs to peculiar tissues and conditions, and with this clue be enabled to group together more intelligently symptoms calling for a specific drug. The *Materia Medica* under notice is certainly a step in the right direction. It will form a valuable addition to the library of the intelligent physician; but the *Materia Medica* based upon our therapeutic law, around which the best minds of all schools will rally, and which will serve as a bond of union in the medical world, is yet to be written.

## CORRESPONDENCE.

### A DEFENCE.

By E. N. E., OF BALTIMORE, MD.

When I wrote the article, "Journalistic Orthography and Grammatical Construction," I little thought any "educated man" would be found to champion the cause of ignorance.

But I was most forcibly convinced of my error by what appeared in the last number of the *TIMES*.

I did not write my criticism as a model essay. My critic seems to think I did, and treats it as though I so intended it.

Neither was it my object in writing this article to excite controversy, but simply to make a plain statement of facts, for the edification of those who are not privileged to glean through a large journalistic field.

I was first incited to cull such facts by an editorial that appeared in the *TIMES* of July, 1879, p. 85, entitled "Medical Literature." The article begins as follows: "Any one familiar with medical journalism, or with the editorship of the transactions of our medical societies, knows how ridiculously shameful in orthography, syntax and prosody are many of the articles presented for consideration with a view to publication." And further on continues: "Very much of our medical literature—magazines, books, etc.—is too loosely and hurriedly thrown together, and upon this some inexperienced individual succeeds to the title of author."

This I might have given as my text, but thinking the sympathy of the profession with me in this matter, I depended solely upon the merits of the article. Again, I quote from the same source, viz:

"Few authors are able, in a first draft, to make a paper worthy of being offered for the enlightenment of others, but this sort of thing is done repeatedly, and consequently we get the poorest fruits of those who are equal to much better."

This sentence condemns me, and to this trespass I plead guilty. The article in question had been partially prepared for so long that I was tired of it, and finished it more hastily than wisdom would have dictated. This in part accounts for some of the errors mentioned by my critic. Had I carefully and deliberately criticised the article before publication, as I should have done, do any of my readers suppose that "G. L. F." would have written his criticism? But one error, through ignorance, do I acknowledge, and that is the spelling of *fili* mas; to this I cry *mea culpa*, and to this only; but why it should be "peculiarly disgraceful" for an homoeopathic physician to spell incorrectly the name of this rarely used drug I do not comprehend. The apostrophe in *Da Costa* was sheer carelessness, and there is no other reason for its appearance.

Of course I regret the necessity of such explanations, and if my kind readers will bear with me, I will try to not allow such necessity to occur again. My critic's effort will have one good effect, i. e., the carelessness of which I have been guilty in the past will not be a fault in the future; for this I thank him.

This closes my chapter of repentance.

Now, let us begin a new chapter with a few words of preface, viz.: My belligerent opponent having, to the best of his ability and belief, cited the errors in



my criticism, he must very naturally imagine himself to have attained much nearer perfection than his victim. Let us approach and examine the production of this, our literary Argus. So, we begin our second chapter:

Argus rolls a "morsel of erudition" under his tongue and discourses of numbers and of his Latin cases: "'*Lapsis pennae*' is a serious mistake, my dear sir; don't you see there is no such word as *lapsis*? It is *lapsus*, *mon enfant*; you do not want the nominative plural here anyhow. What do you mean by making such blunders?" My dear Argus, stop a moment. Did you not notice two little marks at each end of "*lapsis pennae*," as here shown, and commonly called quotation marks?

They indicate transcription from some other source; in this case the source was from a medical journal. I, therefore, have not the honor of originating the phrase. Had I used the correct expression it would have been written *lapsus calami*, and used intentionally in the singular number.

We take up another point, viz.: "He gives a list of 36 errors, 'culled from two journals, with two or three orthographic exceptions, during three months.' (What sort of a journal, I wonder, is a journal with 'orthographic exceptions!')

Our writer exhibited a dull perceptive faculty when he wrote the above, or he wilfully twisted and perverted my meaning. He seems here to lose sight of all errors but those of orthography, when they form but a part of the cause of offence. Did I state that the orthographic errors alone were culled from two journals in three months?

Referring to my article, we find the following statement: "Having shown some of the journals to be so full of errors, it is but fair that I state the number of journals and the length of time occupied in collecting these literary deformities." Will any "educated man" interpret this sentence as applying to the errors of spelling alone? Why, the sentence refers to all the 66 mistakes mentioned in the article.

The next sentence explains still more fully: "All of these were culled from two journals, with two or three orthographic exceptions, during three months only." All of these, all of what? "These literary deformities." Now, I presume it is hardly necessary to explain to what "orthographic exceptions" refers, even for the benefit of our austere Priscianite.

"In the world of social literature," etc.

Our inquisitor asks, "Why social?"

Well, my dear sir, I really did not suppose such a term would need explanation. I said "social literature" because it is "relating to a general or public interest." The kind of literature to which I referred relates to society, and in a measure influences it. It is, therefore, "social literature." Medical literature, legal literature, theological literature, pertain to professions; they are special in contradistinction to social, and cannot, therefore, be classed as public, social. The expression, "social literature," then, is admissible and perfectly clear.

Our writer is most emphatically hypercritical, and quibbles too much to maintain the severe dignity he assumes.

References to the waste-basket as an "oblivious repository" infringes no rhetorical rule, therefore does not contraindicate an "educated man," neither is it applied inappropriately.

The expression, "this ante-penultimate fact," is perfectly correct and allowable, therefore I insist upon using it as clearly conveying my meaning to 'educated' men.

Likewise, an "elemental education" is perfectly correct and allowable. Our learned scribe does not seem to be thoroughly conversant with our vernacular. I refer him to Worcester, viz.: "Elemental, a. (Sp. elemental).

1. Relating to the elements; relating to or produced by, one or more of the four elements, earth, air, water and fire.

Transparent elemental air.—Milton.

Winds, rain and storms, and elemental war.—Dryden.

2. Arising from first principles; natural.

Elemental repugnancy.—Browne.

3. Relating to the first principles or rudiments; rude; simple; elementary.

Elemental knowledge.—Burke."

So, my revered saga, I have the privilege of saying "an elemental education," or if I see fit I can call a thunderstorm "an elementary disturbance," and infringe no rule, but be supported by authority, *ex cathedra* (G. L. F. "to the contrary, notwithstanding.")

I make the following statement: "Language is at best but a poor medium for conveying thought;" and I am given to understand that such a sentence lacks common sense.

"Lives there a man" who never has a thought, or a series of thoughts far beyond the power of language to express? Does our friend never dive down deep into the innermost recesses of his soul's home and there find thoughts unutterable? Is he capable of clothing his spirit communings with words?

Can we measure infinite space with the metre? Then neither can we measure the unutterable children of our intellect with words. Ask our men of genius, ask our poets, those divine students of nature, if they have power to clothe their greatest thoughts in words.

Listen, and we hear a sigh:

"I would that my tongue could utter  
The thoughts that arise in me."

"Correct spelling indicates thoughtful study, or a superlative memory; incorrect spelling displays gross carelessness, or a lack of elemental education." This I stated as a self-evident proposition; but the proposition is controverted, and the assertion made that "the dictum, when applied to our vernacular, is opposed to facts." I think my critic did not consider sufficiently before writing this opinion.

Either a man has, or he has not, studied orthography; if he has, and spells well, he must either still continue to study, or by nature his memory is good. If he has not studied orthography, then his education certainly has been neglected. Or, having studied orthography, he then makes mistakes, he is guilty of carelessness in that he does not keep himself informed.

This essay applies to editors and authors only, of course, and consequently the proposition relates only to writers.

"But not only does E. N. E. show himself unfit to exercise the critical function." Thus abruptly the sentence ends; rather incomplete, but so it stands, fresh from the pen of our critic. And now, before finishing our second chapter, let me ask, is such a man fit to criticise a critic? Is he sufficiently well-educated?

Does he not show a deficient "elemental education?" Can we call him an "educated man?" G. L. F. does certainly show *himself* unfit to exercise the critical function. He suggests that probably the mistakes of spelling reported in my criticism

were all made by the printers. If so, then the editors are equally as culpable as before, in retaining such inefficient workmen. What an absurd idea! Thirty-six mistakes, and all the fault of the printers! Who made the remaining thirty mistakes?

Our pseudo-critic says of me: "I contend that in the present instance he applies his lash to the wrong shoulders." He sneeringly invites a comparison between "some productions in our standard medical journals, and the contents of the *Atlantic*, *Scribner's*, and *Harper's Monthly*."

To whose shoulders *should* the lash be applied? No editor has a right to let such stuff pass to the press as we have seen.

Not only did I aim to criticise the *authors* of such articles, but also the *editors* who allowed these productions admission into their journals. As proof of this I quote, for the benefit of our obtuse friend, from the original: "Language is at best but a poor medium for conveying thoughts; but when personality is so confused that we are in doubt as to meaning, we will be doubly puzzled to interpret the author's idea, and if in such case the production pass the proof reader, we may anticipate the grossest mistakes throughout his journal and must accept them as a natural sequence."

Again: "Thus our journals frequently contain a great deal that serves for no purpose but to elevate the self-esteem of this class. This is another mistake that should be rectified by accepting productions only of sterling merit." Another example: "Had such a mistake been made by a man lacking education, a man making no pretensions to learning, we would only smile and pass it by; but the perpetrator of this error is both an *editor* and an *author*," etc.

These quotations show the lash to have been applied to the shoulders of one class; and the other class, the contributors, our writer will acknowledge, has not been spared. So now again I ask, what other shoulders should be chastised? Was it the intention of G. L. F., when he wrote his article, to be a Damon for the delinquent Pythias?

Our austere friend seems not to relish the idea of comparison between some of our journals and some of the journals of social literature. Why should not the conditions and qualifications of editorship be the same in both classes of literature? No man should undertake to edit any kind of literature until he is perfectly capable and understands his business. A man cannot be an editor without certain mental qualifications, and preparatory study, any more than a man can become a physician without hard application. There will never be an analogue to the birth of Minerva. Mythology alone is accountable for that. Quackery is as contemptible in journalism as it is in medicine. Of course I do not mean that we have no good organs for medical literature, but I do mean that we have some very poor ones. (Just here let me say, should there be any misunderstanding, it is not very likely I should have selected one of this latter class in which to express such views). And it is also certain they would fare rather badly by a just comparison with either of the social journals before mentioned.

I quote literally from my antagonist an expression of sentiments that are but the echo of my own, viz: "It might be supposed that his own aesthetic instincts, no less than a decent regard for the susceptibilities of others, would impel an 'educated man'

to make sure that every available contribution to the organ under his control should at least make its appearance in a shape not absolutely revolting to a cultivated taste."

In bringing this chapter to a close, I will state that I have purposely left some defects unmentioned as too trivial to criticise, and the remainder have been "provided for" in my chapter of repentance.

Having examined into the attempt of this pseudo-critic to champion the cause of illiterate authorship, we feel qualified to judge of the value of his opinion, and must acknowledge, in the words of Chaucer, that we "count him not a fly."

In future, before attempting, as an "educated man," to assume the role of critic, we would advise our venturesome hero to increase his "elemental education." Hard study in a short time will accomplish wonders. As I have advised, so I renew the admonition: "Be circumspect; do not rush too impetuously into the fray. If our lion's skin does cover only an ass, let us not try to roar or prick up our ears with the assumption of wisdom, lest our roar become a bray, or our asinine ears suddenly appear."

## THE LONDON HOSPITALS.

By H. C. BLAUVELT, A.B., M.D., N. Y. CITY.

In the great Empire City of the world, with its immense population, we find a proportionate number of hospitals, varying in size and structure from the palatial building of St. Thomas' to the numerous smaller houses scattered throughout the districts of London, which are devoted to the treatment of special diseases, even such as cancer and fistula. All of these hospitals, with the exception of St. Thomas', which was completed in 1871, were constructed several decades ago, consequently are deficient in most modern improvements and conveniences. In the larger hospitals the wards are proportionately large, and in some cases two parallel wards are united by broad, open archways. As most of the buildings were constructed before the application of steam for heating purposes became customary in London, the wards are heated only by an open grate fire. This is inadequate to warm the distant portions of the rooms, while about the beds near the fire the heat is too intense. In St. Thomas' this difficulty is overcome by supplying the ends of the wards with steam pipes, but they prefer to use the grate fire also in the center. Above each bed is a slender iron frame work secured to the wall and extending one-half the length of the couch. From this on both sides are hung curtains fastened by sliding rings, so that the patient can draw them forward, and thus be screened from the neighboring beds. There is also suspended a rope to which is attached a wooden handle; by grasping this the patient can easily rise in bed. On the front cross rod of the frame is hung a card containing a list of the extra diet for that patient; also a tablet upon which is written the recipe, and on the reverse side of the same is the pulse and temperature chart, and daily history of the patient, which is recorded by the internes at the dictation of the visiting physician. The hours of attendance of the visiting physicians and surgeons are advertised in the medical journals, and students are permitted to accompany them through the wards. Patients desiring admission to the hospitals must present a letter of recommendation from one of the attending physicians or surgeons, and are required to pay more or less for their board. Charity patients are treated at the Workhouse Infirm-

ary. In order to obtain donations for the support of their hospitals, the trustees give an annual dinner, at which the Lord Mayor or some other eminent person presides. Tickets for the dinner are fixed at one guinea or more, and a subscription list is passed around at the table.

As an article of extra diet milk is extensively used; also water cresses, which is a favorite dish among Londoners. A liberal quantity of wine seems to be permitted to most patients.

Among the anesthetics employed, *Chloroform* has the preference, although a contrivance is used by which equal proportions of *Nitrous oxide* gas and *Chloroform* can be administered for a short time at the commencement of the anesthetizing; then a stop-cock is turned, and pure *Chloroform* only is inhaled. At the Samaritan Hospital *Methyl bichloride* is sometimes administered, and is preferred to *Chloroform*, but its expense prevents it from being continually employed. Of this anæsthetic Prof. Nussbaum says that it is as dangerous as *Chloroform*, and requires a longer time for the patient to recover from its effects, besides producing a smarting sensation in the mucous membranes. At some of the larger hospitals a physician who devotes himself especially to the subject of anesthesia is employed to administer the *Chloroform*. The pulse is never watched, as the respiration is considered a sufficient index of the patient's condition.

The amphitheatres are rude in appearance and very inconvenient both for the students and operators.

The opinion in the different hospitals seems divided concerning Listerism. At King's College Hospital, where Mr. Lister is the senior surgeon, it is strictly adhered to in every detail, while Mr. Hutchinson, of the London Hospital, employs it only in capital operations, and at St. Bartholomew's it is dispensed with entirely. Mr. Langdon, of this hospital, passes a piece of oiled silk through the wound, instead of a drainage tube, and always makes his incisions, if possible, in such a manner that the wound can drain itself. He, however, employs catgut ligatures for ligating arteries. Mr. Davy, of Westminster Hospital, is also decidedly opposed to Lister's antiseptic method. It is applied at St. George's Hospital, yet I have heard Mr. Holmes remark, during an operation, that it will be a great blessing when surgeons shall have arrived at the opinion that the spray is unnecessary and can be dispensed with.

Carbolized catgut ligatures seem to be generally employed. Mr. Bantock, who is the successor to Spencer Wells at the Samaritan Hospital for Women, uses a ligature made of silkworm-gut, which comes prepared of various thicknesses. It is very strong, and he claims that it is not absorbed or dissolved, unless entirely inclosed; therefore, no bad results may be apprehended from its use. He has been accustomed to tie the ovarian pedicles with silk ligatures, but remarked that he intended to test this in the next case. The only objection is that it is slippery, like wire, consequently difficult to adjust to the pedicle.

In the orthopædic hospitals Dr. Sayre's plaster-jacket is not used, although during his stay in London the doctor visited the different institutions and applied it himself. They say that they have given it a trial, and do not prefer it. At the Royal Orthopædic, during the acute stage of angular curvature of the spine, the patient is kept in the supine position with a brace, and is not allowed to rise at all. In chronic cases a steel brace, with a pad over the protuberance, is shaped and adjusted to the part. For lateral curvature a brace is applied as described in the last volume of *Braithwaite's Retrospect*. No internal treatment for the necrotic process is employed, except occasionally *Cod liver oil*. At the National Orthopædic, for curvature of the spine a stiff felt jacket is soaked in hot water and moulded to the chest; then laced in front. They consider congenital talipes, curvature of the spine, etc., to

be due to contraction of the muscles on the opposite side, and not to paralysis of those on the affected side; therefore, tenotomy is practiced in all cases, and not friction or subcutaneous injections, as recommended by Dr. Sayre. At the Royal Orthopædic, Dr. Barker, the resident physician, applies for talipes equinus an instrument of his own device, a description of which may be found in the May number of the *London Lancet* for 1879.

## THE HOMŒOPATHIC FALLACY(?) REVIEWED.\*

BY H. M. PAINE, M.D., ALBANY, N. Y.

Editor of the *Traveler*:

Your correspondent "Anti-Pathy," in his sweeping criticisms of rival physicians and schools, makes some statements which may lead to inaccurate conclusions.

1st. He states that "exclusive schools of medicine," meaning the homœopathic, hold "hypotheses and theories in place of facts and laws." It is true that Hahnemann enunciated the principle *similia*, and then endeavored to attach to it hypotheses and theories regarding the dose which have not been accepted by very large numbers of his followers. The visionary and unphilosophical theories of posology which Hahnemann endeavored to promulgate, and which long since have been proven utterly unsound in practice, should be disassociated from the reasonable and rational law or rule *similia*.

2d. He classes "pathies," referring to homœopathy, with superstition, charlatanism and conjecture. I admit that there are members of the homœopathic school whose practice is based on Hahnemann's irrational theories to whom these terms very properly apply, but to the main body of homœopaths the relationship is entirely wanting. The large proportion of homœopaths are as truly applying accurate scientific principles in practice under the rule or law *similia* as allopathists are under the rule or law *contraria*.

3d. He incidentally refers to the two more prominent laws or rules on which nearly all treatment is based. Herein he has covered a greater part of the ground. It is well known that many prescriptions for functional disorders require the use of cathartics, narcotics, chemical solvents, anti-spasmodics, etc. The use of these elements involves no curative principle, and is resorted to, as may be required by the exigencies of individual cases, by both allopathists and homœopaths. It is common ground occupied by the representatives of both systems. But, in a large portion of chronic and nearly all acute diseases, a radical cure is aimed at, and the method of treatment is, in nearly all cases, based on the direct application of the rule either of *similia* or *contraria*. The law or rule *contraria* has been known and applied in practice thousands of years; it is only within the present century, however, that its antithesis, *similia*, clearly defined by Hahnemann, although previously known, has been understood and scientifically applied in practice. Its introduction was considered an innovation, and its acceptance by medical men was at first slow; but of late years its progress has been more rapid, until, at the present time, few of the younger men of the profession refrain from availing themselves, to a greater or less extent, of its superior advantages. In fact, its footprints are plainly visible in nearly all the more recent old school works on practice.

4th. "Anti Pathy" is strangely inaccurate in stating "that a knowledge of physiology, anatomy, chemistry and pathology is ignored by the chartered homœo-

\*Reply to an article published in *The Long Island Traveler* of June 24, entitled "The Homœopathic Fallacy; or, Dogma in Medicine," by "Anti-Pathy." *The Long Island Traveler*, July 8, 1880: Southold, Suffolk County, N. Y.



pathic medical societies of this State." Such a requirement is incorporated into the code of ethics adopted by allopathic medical societies, and, for obvious reasons, is omitted from that of homœopathic medical societies. It was expunged chiefly on account of its liability to interfere with the welfare of the sick. On account of this provision of the allopathic code, a test of orthodoxy or regularity is set up, which limits consultations to those of its own fellowship, thereby evincing narrowness of views and exhibiting a spirit of illiberality which homœopaths have no desire to imitate. Because these particular branches of medical learning are not specified in the code of ethics of homœopathic medical societies, it by no means follows that these requisites are ignored. They are not. The curriculum of study at homœopathic medical colleges in this country is as complete and thorough as that required at allopathic colleges.

5th. "Anti-Pathy" states that in every community men of wealth and influence, "without knowledge in the premises, clamor for the 'exclusive dogma' in preference to scientific methods." This is a fine compliment to the good judgment of the men of wealth and influence, and an unequivocal indorsement of homœopathy. It is, moreover, inaccurate, as has been previously stated, in assuming that the homœopathic system is unscientific.

6th. "Anti-Pathy" calls attention to the modified views of homœopathy held by a majority of homœopaths of the present day. This is owing to a conviction on their part, after having given the system a long and thorough trial, that it is not the *only* method of cure. Hahnemann undertook to demonstrate that it was, and some of his disciples, blindly following his instructions, proclaimed the homœopathic to be the only rule or law of cure, and stoutly advocated its universality of application; hence the origin of the phrase "exclusive dogma." But many homœopaths have learned by experience that, while, particularly in the treatment of acute diseases, it is far more frequently applicable, more reliable and speedy in action than its opposite, the rule or law of contraries, it is not of universal application, and, in the treatment of some forms of disease, is not the best method.

"Anti-Pathy" closes his communication with words of sound wisdom and good sense regarding the general scope and status of scientific medicine. The principles or rules designated by the terms *contraria* and *similia* are exemplifications of natural laws; therefore those who apply either of them in treatment are practicing scientifically. Accordingly, it is unwise and unprofessional for the representatives of either school to twit the other of exclusiveness, or maintain an attitude of censorious superiority. Each is honestly striving in his own way to secure the most satisfactory results, holding first in importance the welfare of the sick entrusted to their charge, rather than the promulgation of one or the other system of medical treatment.

**ERADICATION OF PORT WINE STAINS WITHOUT A SCAR.**—After thoroughly freezing the skin with *Richardson's ether* (Hydride of amyl one part to Sulphuric ether three parts), rapidly make parallel incisions through the skin, at intervals of one-sixteenth of an inch, holding the knife at an angle of 45° with the surface, followed by a second set of like incisions, at right angles to the first. Pressure over the cuts is then made with the finger, on a piece of blotting paper, for at least fifteen minutes. A second sitting follows at the end of a week, when the incisions are made parallel to the original ones, but with the knife held at right angles to original obliquity, thus cutting across the tracks of the previous incisions lengthwise, and effectually destroying superfluous blood supply, by largely stopping the flow of blood from the sides as well as from below.

## SOCIETIES, ITEMS, ETC.

### THE AMERICAN INSTITUTE.

[Concluded.]

#### AFTERNOON SESSION.

The Institute was called to order at 3 o'clock and the reading of the papers of the Bureau of Obstetrics was continued. Dr. G. W. Walker, of St. Louis, read a paper on "Improvements in the Science and Art of Obstetrics." Dr. C. Ormes, of Jamestown, N. Y., read a paper on "Extra-Uterine Gestation," and Dr. Geo. B. Peck, of Rhode Island, a paper on "Placenta Previa: A Study."

Bureau of Gynecology, Dr. S. R. Beckwith chairman. The chairman being absent, Dr. Baker, of Illinois, took charge. The first paper read was by Dr. C. Ormes, of Jamestown, N. Y. Dr. Hale, of Chicago, followed with a paper on "How Do Medicines Operate on the Generative Organs of Woman?" A paper upon the "Influence of Homœopathic Treatment upon the Development of Ovarian Cysts" was read by Dr. B. F. Betts, of Philadelphia. Dr. R. Ludlam, of Chicago, read a paper on "The Prognosis of Pelvic Cellulitis." Mrs. E. G. Cook, M.D., of Chicago, also read a paper.

Dr. R. Ludlam, of Chicago, was appointed chairman for the coming year.

A meeting of the American Pædological Society was held. About forty members were present and discussed the subjects of cholera infantum and summer complaints. The debate was participated in by Drs. W. A. Edmunds, of St. Louis; S. Lillenthal, of New York; Wm. Owens, of Cincinnati; G. W. Bowen, of Fort Wayne, and many others. Papers were read from Dr. Drury, of London, Eng., and J. C. Morgan, of Philadelphia. A constitution was adopted, and the society adjourned to meet the day before the next meeting of the American Institute.

#### FRIDAY.

The Bureau of Pædology opened the session, and papers were read by the chairman, Dr. W. H. Jenny, of Kansas City, on "Acute Gastritis," Anatomical Characteristics, Causes, and Diagnosis; by Dr. T. C. Duncan on "Thrush," Anatomical Characteristics, Causes, Diagnosis, and Treatment; and by Mary A. B. Woods, M.D., on "Dietetic Rules to be Observed in the Treatment of Diseases of the Digestive organs." The papers were referred to Committee on Publication, and the Bureau was closed.

Dr. Allen, of Ann Arbor, introduced the following resolution, which was adopted:

*Whereas*, In order to secure a thorough medical education for our members, and the social and professional standing so conducive to success, a reputable English scholarship is not only essential, but absolutely necessary; therefore,

*Resolved*, That the members of this Institute be requested to demand the qualification necessary to comply with the matriculation examinations of our colleges, before the student enters upon his professional studies.

Dr. Edmunds introduced the following, which was adopted:

*Resolved*, That the members of this Institute tender their hearty thanks to its retiring officers for a faithful courteous discharge of their duties.

The special order was taken up, and Dr. McManus took the president's stand and delivered a lecture, in which he gave a history of his conversion to the homœopathic school, and then gave an outline of

remarkable cases that had come under his observation and treatment during upward of forty years of practice. He occupied one hour, and was listened to with profound attention.

Dr. L. Pratt, of New York, introduced the following resolution:

*Resolved*, That a vote of thanks is hereby tendered to the Wisconsin Medical Society for the very efficient manner in which their committee of arrangements, of which Dr. C. C. Olmsted, of Milwaukee, was chairman, have provided for carrying out the objects of this Institute with dispatch, and to the individual physicians who have made personal sacrifices, attended with considerable expense, to make the visit of our members such a pleasant and interesting one that it will long be remembered with pleasant reflections.

The Bureau of Ophthalmology, Otolaryngology, and Laryngology was called, and Dr. D. J. McGuire presented its report, which was referred, and Dr. G. C. McDermott, of Cincinnati, appointed chairman for the coming year.

The Bureau of Surgery was then called, Dr. Schneider, of Cleveland, chairman. Prof. Talbot, of Boston, read extracts from a paper, which was referred. A paper on "Hernia," by J. H. McClelland, of Pittsburgh, was read.

Dr. Holt, of Chicago, read a paper on the "Sphincter." Dr. Hartshorne followed with a paper on "The Injuries of the Abdomen." Dr. Willard, of Allegheny, Pa., presented a paper on "Fistula in Ano," and one on "Acute Intussusception," which were referred to committee on publication without reading. Several other papers were read by title and referred.

Dr. Talbot, of the Organization, Registration, and Statistics Committee, reported 73 delegates in attendance, and 202 members, 41 of whom had joined the Institute at this session.

The chair made the following appointments for next year: Chairman of Committee on Clinical Medicine, Dr. Pemberton Dudley; chairman Committee Legislation, Dr. J. R. Kippax, of Cincinnati; chairman Intercollegiate Committee, Dr. I. T. Talbot, of Boston.

The proprietors of the Newhall House tendered the usual banquet given on such occasions, after which the following toasts were drank:

"Hahnemann"—a name needing neither prefix or affix, and who, though dead, still liveth. Drank standing, in silence.

The second toast was "American Institute of Homœopathy"—the first National Medical Association in America; a weighty power in guarding and disseminating the truths of homœopathy." Response by Dr. T. P. Wilson.

The third toast—"Medical Colleges—Progressively harmonious; may they protect well the graduating door, and send forth leaders and exponents of progressive thought." Response by Dr. H. F. Bigger, of Cleveland.

The fourth toast—"Medical Literature—the preserver of knowledge, facts, and fancies. May it be courteous and considerate toward our opponents and watchful over ourselves." Response by Dr. Dudley, of Philadelphia.

The fifth toast—"Milwaukee; a city of enterprise, wealth, culture, and hospitality." Responded to by Mayor Brown.

The sixth toast: "Our Brothers across the Water." Response by E. W. Berridge, of London, England.

The seventh toast: "The Press—That Leviathan which Never Sleeps." Response by Dr. J. L. Kaine.

The eighth toast: "The Ladies—The stars that guide the wandering seaman through the deep. God bless them all!" Response by Dr. Dowling, of New York.

The next toast was "The Hospitals—The Monuments of Charity and Benevolence and the Great Educators of the Medical Profession." Response by Dr. D. H. Beckwith, of Cleveland.

The next toast was "Medical Liberality." Response by Dr. McClelland, of Pittsburgh.

The next toast was the "Coming Doctor—May he have his eyes and ears ever open to the progress of the times and be especially trained in specialties." Response by Dr. W. H. Winslow, of Pittsburgh.

The last regular toast was "Our Host—May we never expect more than we had to-night." Response by Dr. Brown, of Binghamton, N. Y.

(We understand that the vol. of Transactions for 1880 is already in the hands of the printer, and will issue directly.)—Eds.

### MEDICAL LEGISLATION.

An act entitled "AN ACT TO REGULATE THE LICENSING OF PHYSICIANS AND SURGEONS." Passed May 29, 1880; three-fifths being present.

*The People of the State of New York, represented in Senate and Assembly, do enact as follows:*

SECTION 1. A person shall not practice physic or surgery within the State unless he is twenty-one years of age, and either has been heretofore authorized so to do, pursuant to the laws in force at the time of his authorization, or is hereafter authorized so to do as prescribed by chapter seven hundred and forty-six of the laws of eighteen hundred and seventy-two, or by subsequent sections of this act.

SEC. 2. Every person now lawfully engaged in the practice of physic and surgery within the State shall, on or before the first day of October, eighteen hundred and eighty, and every person hereafter duly authorized to practice physic and surgery shall, before commencing to practice, register in the clerk's office of the county where he is practicing, or intends to commence the practice of physic and surgery, in a book to be kept by said clerk, his name, residence and place of birth, together with his authority for so practicing physic and surgery as prescribed in this act. The person so registering shall subscribe and verify by oath or affirmation, before a person duly qualified to administer oaths under the laws of the State, an affidavit containing such facts, and whether such authority is by diploma or license, and the date of the same and by whom granted, which, if willfully false, shall subject the affiant to conviction and punishment for perjury. The county clerk to receive a fee of twenty-five cents for such registration, to be paid by the person so registering.

SEC. 3. A person who violates either of the two preceding sections of this act, or who shall practice physic or surgery under cover of a diploma illegally obtained, shall be deemed to be guilty of a misdemeanor, and on conviction shall be punished by a fine of not less than fifty dollars nor more than two hundred dollars for the first offense, and for each subsequent offense by a fine of not less than one hundred dollars nor more than five hundred dollars, or by imprisonment for not less than thirty days nor more than ninety days, or both. The fine when collected shall be paid, the one-half to the person or corporation making the complaint, the other half into the county treasury.

SEC. 4. A person coming to the State from without the State may be licensed to practice physic and surgery, or either, within the State, in the following manner: If he has a diploma conferring upon him the degree of doctor of medicine, issued by an incorporated university, medical college or medical school without the State, he shall exhibit the same to the faculty of some incorporated medical college or medical school of this State, with satisfactory evidence of his good moral character, and such other evidence, if any, of his qualifications as a physician or surgeon, as said faculty may require. If his diploma and qualifications are approved by them, then they shall indorse said di-

ploma, which shall make it for the purpose of his license to practice medicine and surgery within this State the same as if issued by them. The applicant shall pay to the dean of said faculty the sum of twenty dollars for such examination and indorsement. This indorsed diploma shall authorize him to practice physic and surgery within the State upon his complying with the provisions of section two of this act.

SEC. 5. The degree of doctor of medicine lawfully conferred by any incorporated medical college or university in this State shall be a license to practice physic and surgery within the State after the person to whom it is granted shall have complied with section two of this act.

SEC. 6. Nothing in this act shall apply to commissioned medical officers of the United States army or navy, or of the United States marine hospital service. Nor shall it apply to any person who has practiced medicine and surgery for ten years past, and who is now pursuing the study of medicine and surgery in any legally incorporated medical college within this State, and who shall graduate from and receive a diploma within two years from the passage of this act.

SEC. 7. All acts or parts of acts inconsistent with the provisions of this act are hereby repealed.

STATE OF NEW YORK,  
Office of the Secretary of State. } ss.:

I have compared the preceding with the original law on file in this office, and do hereby certify that the same is a correct transcript therefrom and of the whole of said original law.

JOSEPH B. CARR, *Secretary of State.*

## TWO CASES OF EPITHELIOMA OF THE TONGUE.

DIVISION OF THE GUSTATORY NERVE IN ONE, AND LIGATION OF THE RIGHT LINGUAL ARTERY IN THE OTHER.

By H. C. FROST, M. D., BUFFALO, N. Y.

These cases, upon which I operated the same day, presented several points of rare interest to me as a surgeon. The subjects were brother and sister, of Austrian birth, aged respectively forty-nine and fifty-four years. Their father died in middle life from an axillary tumor, probably of a cancerous nature, as before his death the growth had involved the shoulder and adjacent tissues; a younger brother, while yet a babe, died of "large head," perhaps hydrocephalus. The family emigrated to this country last autumn.

During the month of June, 1879, the man was operated upon by one of Billroth's assistants at Vienna, who removed the greater portion of the tongue.

When I first saw the patient in January of this year, there was a recurrence of the disease, which seemed to be confined to the right side of the stump. At times it bled profusely, so I advised ligation of the right lingual artery, to which the patient consented. I made my incision parallel to the hyoid bone, cutting through the hyoglossus muscle at the apex of the digastric triangle below the hypoglossal nerve. I found the artery with much less trouble than I had anticipated. The vessel was tied with carbolized catgut, the wound closed; dressed with iodine solution. I then applied a tin collar with head gear attached to restrict the head movements. The greater part of the wound healed by first intention. There was no after trouble with the wound. The following day the diseased portion of the tongue had lost its inflamed appearance around the disintegrating mass, while the pain was much lessened. Within two weeks the can-

cerous mass had sloughed away, leaving a healthy looking surface which soon cicatrized. There has been no reappearance of the disease up to the eighteenth day of June, since when I have not seen the man.

In the second case, that of the woman, the disease involved more than half of the left anterior portion of the tongue. I advised her to let me remove the organ, but she would not allow the operation to be performed. I then advised division of the gustatory nerve, as the pain was constant and very severe, to this she consented. I divided the nerve just back of the last molar tooth. It had the effect of almost entirely allaying the pain, but I could not see that it arrested the progress of the disease. Since I have tried in vain to induce her to allow me to ligate the lingual artery, but now that the pain has lessened since the first operation, she seems satisfied to let well enough alone.

## THE INCREASED RANGE OF DOSAGE AND THE LAW OF SIMILARS.

No one can fail to have noticed the increased therapeutic range which has of late been given to many standard drugs by simply varying their dosage. We have, indeed, had our *Materia Medica* enlarged almost as much in this way as by the actual addition of new remedies. This extension has been made both by increasing and diminishing the ordinary dosage, and in each case new effects have been produced. It is, perhaps, in *Calomel*, *Strychnine*, and the *Potash salts* that a different, or greater power, in very large doses, is best illustrated. The employment of minute doses, on the other hand, has been more extended, and has produced more striking results. Thus the use of *Podophillin*, in infantile diarrhoea, of *Arsenic*, in gastric irritation, of *Ipecac*, as an anti-emetic, of *Pilocarpin* and *Dover's powder* and Turkish baths, in night sweats, of *Cantharides*, in urethral irritations and hematuria, are all notable extensions of the therapeutic range of the particular drug.

Of course, such examples as these are eagerly held up by enthusiasts as proofs of a grand therapeutic law. It hardly needs argument, however, to show that they do not indicate either a law or a uniform series of facts. There are but few drugs which have even this peculiar range we have described, and those do not, as a rule, show their best results in their minimum dose. We doubt if *Arsenic* ever becomes popular in gastritis, or *Pilocarpin* in night sweats, while *Ipecac* is a most unreliable anti-emetic. We need not look for any great therapeutic triumphs, therefore, in the *similia similibus* action of the drop posology. There is a physiological law that substances which at first irritate inhibitory centers, when more energetically given, will paralyze them; or, what at first constricts a tissue, may, later, relax and destroy it. There is nothing very new in this law; the only novelty is that we are learning of more agents, which, when given in a certain way, illustrate it. These new facts in regard to minute dosage are suggestive and often useful, but they indicate no mysterious nor unusual law.

—*The Medical Record.*

THE tonic and nutritious quality of *Beef* combined, upon scientific principles, with the agreeable stimulant of *Coca*, as accomplished by the Liebig Company, fills a gap in our diet list not to be forgotten. It will be found just the article to place in the portmanteau, for use during a fatiguing journey, or upon any occasion where food and stimulant portably combined are required.



**PILOCARPINE IN INTERMITTENT FEVER.**—Dr. Griswold, in the same journal, strongly recommends the use of this drug in intermittent fever. He reasons that to prevent the development of a single paroxysm is to diminish the tendency to the occurrence of successive ones; and that in a large proportion of cases such prevention of the development of a single paroxysm is sufficient in itself to bring about a cure, and failing of this, is at least a most powerful adjuvant to constitutional treatment. It is, then, of the utmost importance to cut short an attack of intermittent fever at once, causing the first paroxysm to abort, if possible, or, at least, preventing the occurrence of a second, that the fever may not become pernicious, as it is liable to, if continued; that the tendency to relapse in the future may be less; that the cachexia may not have time to develop, and because the fever is, in this way, easily and promptly cured.

The *Salts of Quinia*, however valuable they may be as a specific, do not always act with sufficient promptness. The essential conditions of a chill are a small hard pulse, puerperal anemia and convulsive muscular contractions. *Pilocarpine*, within two or three minutes of its hypodermic administration, relaxes arterial tension, causes a determination of blood to the surface, and in the progress of the diaphoresis induced by it brings about muscular relaxation.

One-fifth to one-sixth of a grain of *Pilocarpine* is administered hypodermically immediately after the chill commences, with the result in most cases of aborting the chill and preventing, although it is wise to continue, the action of *Quinine* in small doses for several days. The prescription is: *R Pilocarpine mur., gr. i; Aqua, 3i.* Of this, ten drops, equaling one-sixth of a grain, may be administered hypodermically. If the patient objects to this form, one grain may be triturated with twenty-four grains of *Sugar of Milk* and divided into five powders. The medicine must be given just before or at the commencement of a chill.

#### INTRA-PERITONEAL RUPTURE OF HYDATID CYSTS.

—M. Féréol (*Le Prog. Méd.*) shows that, in the present state of our knowledge, it is impossible to say what the conditions are which determine the mildness, the extreme severity, or the sub-acute condition following these ruptures into the peritoneum. But the following principles seem to be sustained: 1st. Previous suppurative of the cyst develops, in case of rupture, a high degree of peritonitis, proving rapidly fatal, unless the peritoneum may be already adherent, and thus limit the inflammation. 2d. The penetration into the peritoneum of an absolutely clear and fresh liquid, harmless in some cases, has in other cases been followed by rapidly fatal results. 3d. The presence of living hydatids in the peritoneum is less dangerous than dead ones; a spontaneous cure is possible in that case. 4th. In the cases in which the peritonitis following a rupture is modified, but where, nevertheless, it produces ascites which is not re-absorbed, we may still interfere with chances of success. Simple puncture may suffice, but if this fails, it will be necessary to evacuate as soon as possible the foreign body contained in the peritoneum. In order to accomplish this, we should establish an opening in the abdomen by means of a large trocar, using twice a day peritoneal injections through large canulas, with large lateral openings, in which the membranes might be engaged. The author was conscious that this procedure left much to be desired. But it is an important point to know that the peritoneum will endure bi-daily injections, continued for many weeks, with a favorable termination. T.M.S.

**DR. HERING.**—A memorial meeting of Dr. Hering has been called in Philadelphia, at the hall of the Hahnemann Medical College, Tuesday, Oct. 10, 1880, at 8 p. m.

**PERI-UTERINE LYMPHADENITIS FOLLOWING METRITIS.**—M. Martineau (*Le Prog. Méd.*), recalling the fact that several physicians had noticed adenitis lymphatica in women dying in child-bed, said that the clinic had shown him a similar condition following alterations in the uterine mucous membrane. We find at first a simple inflammation, then adenitis, from which results inflammation of the broad ligament, peri-uterine inflammation, or pelvic peritonitis. But the anatomical condition was unknown until a recent autopsy had furnished it. It is probable that we often diagnose an ovaritis when there is simply an engorgement of the numerous ganglions contained in the ovary. Metritis, whether acute or chronic, or whatever its form, is always accompanied by adeno-lymphadenitis. Other physicians present thought it was essential to distinguish the form of metritis, and that the changes were seldom as marked as in the case presented, and, finally, that this lesion was less common than M. Martineau thought.—T. M. S.

**PULMONARY ANEURISMS.**—M. Damaschino (*Le Prog. Méd.*) communicated the history of a man of 22 years, who presented all the signs of a pulmonary tuberculosis. After a temporary amelioration, active and profuse hæmoptysis occurred, and death soon followed. At the autopsy numerous cavities were found; one situated in the middle lobe discharged soft and broken clots of blood; it contained an ovoid mass as large as a small walnut, which presented all the characteristics of a pulmonary aneurism. On incising it a small arterial branch, by which communication was made with the arterial trunk, was noticed; clots in concentric layers, some discolored, others of a dark red color, filled this cavity. Another aneurismal tumor was found in a cavity in the lower lobe. The size of these arterial dilatations could be determined by the presence of the coagulated blood; their great quantity explained at the same time both the hæmoptasis and the repetition of the hemorrhages.—T. M. S.

THE triumphant establishment of ovariectomy as a legitimate and indispensable operation must be followed by the acceptance of gastrotomy as something better than a *dernier resort* in cases of obstruction, hemorrhage, and neoplasm within the abdominal cavity. Keith has opened the abdomen seventy times without a death. One obstacle to adoption of general gastrotomy is therefore removed. Two others remain: First, the difficulty of making a timely diagnosis; second, the lack of precise knowledge of the normal and pathological anatomy of the abdomen on the part of the general practitioner. Both melt away in the alembic of the determined student. In many cases the diagnosis need not be exact as between the various forms of acute intestinal obstruction. The field of tubal pregnancy is one in which gastrotomy in the future will be a prominent figure.—*Annals of the Anat. and Surg. Society.*

**DIAGNOSIS OF CANCER OF THE STOMACH.**—M. Leven (*Le Prog. Méd.*) calls attention to the great difficulty which frequently arises in the clinic in determining the differential diagnosis of cancer and simple dilatation of the stomach. The so-called uncontrollable vomitings exist in both cases. In order to prevent the vomiting he advises the administration to the patient, once a day, of solid food (150 grammes of meat), in a manner to avoid congestion of the mucous membrane; the remainder of the alimentation to consist of one litre and a half of milk and six eggs in the twenty-four hours. If at the end of eight days of this regimen the vomiting ceases, we may be certain that we are not dealing with a cancerous condition. As proof of this, he reported the history of two cases which he had treated and cured in this manner.—T.M. S.

**IS THE EUSTACHIAN TUBE OPEN OR CLOSED IN A NORMAL STATE?**—M. Gellé (*Le Prog. Med.*) thinks that the tube remains closed in a normal state. He gives the following reasons, based upon experiments: If the tube was open, a vibrating tuning-fork, placed in the mouth, ought to be heard even when the ears are closed; but this does not happen. It is, however, possible to convey sound through the tube when the ears are closed, but only in those cases where, by a movement of deglutition, the tubes are forced open. Hartmann has found that the air must have a pressure equal to 20-40 millimètres of Mercury, in order to overcome the resistance of the tube and enter the cavity of the tympanum. M. Gellé has found a pressure of 30-40 mms. to be necessary.—T. M. S.

**C. H. VON TAGEN**, M. D. of Chicago, Ill., a well-known surgeon and frequent contributor to this journal, died July 29th of traumatic peritonitis, æt. 45 years. His wife writes us that "he had gained nine pounds this Spring, but was taken with inflammation of the bowels and in three days he was gone. He was conscious to the last and died as he had lived—a Christian. I want all his friends to know that in view of death his faith was bright and his hope firm."

In adding our last word to his memory we desire to say that the Doctor was a most genial and conscientious gentleman, an enthusiastic worker in his profession, and one who will be sadly missed from the circle in which he moved.

**CONSTITUTIONAL SYPHILIS.**—A paper was read before a recent meeting of the Paris Academy of Medicine giving a description of the treatment of fifty cases of syphilis with entire success with *Sulphate of Copper*. The salt was given by the mouth in doses of 1-16 to 1-6 gr. a day. External application was also made by adding five drachms of the salt to a full bath. The salt was well borne in most cases. In one very grave case where mercury had proved useless, the cure was speedy.

**CHIAN TURPENTINE IN CANCER.**—Almost every year some new specific is published for cancer, which proves after a fair trial utterly worthless. The last is *Chian turpentine*, in combination with other remedies, a description of which was published in a recent number of the TIMES. Dr. Marsden, senior surgeon to the Cancer Hospital, London, says that it has been extensively used there in cancers of all descriptions, but without the slightest benefit.

**MOVEMENTS OF THE AMNION.**—M. Mathias Duval (*Le Prog. Med.*), after calling attention to the fact that M. Vulpian had seen these movements in the open egg, said that he had noticed these movements, by transmitted light, in the egg of the linnet, nightingale, and canary, while undergoing incubation. At the eighth day the amnion presented 10-15 oscillations per minute. At the moment of formations of the embryo everything becomes obscure.—T. M. S.

ON account of the paucity of contributors on electro-therapy and nervous affections, the *American Journal of Electrology and Neurology* will be united with the *Medico-Chirurgical Quarterly*, a new magazine in the interest of general medicine from a liberal standpoint, controlled by no school or party. The first number under the new title will be issued about October 1, prox.; John Butler, M.D., Editor.

THE constant current is suggested in *amblyopia*, its action being similar to *Strychnia*.

**HOMOEOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.**—The semi-annual meeting of the Society will be held in the City Hall, Brooklyn, Sept. 7th and 8th. On the afternoon of the second day, as guests of the King's County Society, the members will be entertained at Hotel Brighton. The sessions will convene at 10 A. M. each day, and a full attendance is anticipated.

WE HAVE received sample blanks issued by the State Board of Health, for use in this important department. The plan is much the same as has been practiced in this city for the past several years, and will serve to insure uniform returns for the purpose of statistics from the State at large. Blanks will be sent by addressing State Board of Health, Albany, N. Y.

**INTERNAL URETHROTOMY.**—Dr. Ranney, in an extensive article in the *New York Medical Journal*, argues that the operation of incision into the walls of the urethra for stricture greatly increases the percentage of danger, when compared with the results of dilatation. The operation, in spite of its popularity, is condemned by the ablest surgeons and specialists.

**PROFESSIONAL LIBERALITY.**—Prof. Rizzoli, of Bologna (*Le Prog. Med.*), has presented to this city the sum of 1,250,000 fr. for the purpose of founding an orthopedic institute. The villa of San Michele, in Bosco, about one mile from Boulogne, has been selected for the establishment.

**ASCITES.**—Faradization of the abdominal muscles with weak currents, in daily sittings of forty to fifty minutes, has caused an increase in the amount of urine excreted, from 200 to 3,000 grammes, with corresponding decrease in the ascitic fluid.—Deutsch, *Archiv. für Klin. Med.*

A TENDER spot on the uterus, says a writer in the *British Medical Journal*, can always be found within twenty-four hours after delivery. It is usually on one side of the organ, above its middle. He thinks it the place of the insertion of the placenta.

**OBSTETRIC PRACTICES AT PRAGUE.**—The forceps are applied at the brim, in the transverse diameter of the pelvis, without regard to the position of the head. The head is lifted out over the perineum by the finger in the rectum.—*Cincinnati Lancet*.

**QUININE.**—Over ninety-eight tons of quinine are annually consumed. The cost is about \$12,000,000. A homoeopathic remedy curing, when it cures, homoeopathically, and yet probably excluded from the Hahnemannian Society.

**MADAME LUCCA** and Mlle. Patti have each had tonsilotomy performed with benefit. Singers have gained half a tone in compass after the operation.—*Cincinnati Lancet*.

**N. Y. OPHTHALMIC HOSPITAL.**—Report for Aug.: Prescriptions, 2,661; new patients, 354; patients resident, 3; average daily attendance, 99; largest daily attendance, 150.

**REMOVAL.**—Dr. C. A. GALE from Barre to Rutland, Vermont. J. E. Russell from Brooklyn to 429 East 9th Street, New York.

A CASE of sudden death from injection of the uterus with *Perchloride of Iron* for post partum hemorrhage is announced.